



DISTRICT OF COLUMBIA
DEPARTMENT OF
BEHAVIORAL HEALTH

INTEGRATED TECHNOLOGY ENGINE (ITE)
PROVIDER GATEWAY COMPANION GUIDE

***BEHAVIORAL HEALTH SUPPLEMENTAL DATA (BHSD)
SUBMISSION INSTRUCTIONS***

SEPTEMBER 19, 2022 (DRAFT v1.0)

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Disclaimer

The first version of the Department of Behavioral Health (DBH) Integrated Technology Engine (ITE) Provider Gateway Companion Guide (the Guide), also known as Behavioral Health Supplemental Data (BHSD) Submission Instructions, is issued by IdeaCrew, on behalf of DBH, to provide the District's certified behavioral health providers with detailed instructions on the BHSD reporting guidelines and data validation rules. The Guide is intended for DBH staff and all DBH-certified BH service providers, including consultants or contractors, who are involved in data collection, extraction, coding, submission and/or monitoring of BHSD.

The federal reporting requirements specified in the *Combined Substance Use and Mental Health Treatment Episode Data Set (TEDS) State Instruction Manual with Data Submission System (DSS) Guide Version 4.3.1*¹ are heavily considered in defining the requirements for the District's BHSD although they are not the same as the BHSD requirements.

The Guide is subject to updates to be aligned with the state or federal rules, policies, contracts, or the DBH data processing systems.

Revision History

Date	Version	Description	Author
9/19/2022	Draft v.1	ITE POC CLIN5 Final Draft	IdeaCrew

¹ [Combined Substance Use and Mental Health Treatment Episode Data Set \(TEDS\) State Instruction Manual with Data Submission System \(DSS\) Guide Version 4.3.1](#) was Published by the Substance Abuse and Mental Health Services Administration's (SAMHSA) in April 2019 and approved by the Office of Management and Budget (OMB) on 4/30/2022.

1 Glossary and Terminology

1.1 Business Terms

Table 1. Definitions of Business Terms

Term	Definition
BH	Behavioral Health (BH) is an umbrella term that includes both mental health (MH) and substance use (SU) related conditions, life stressors, stress-related physical symptoms, and health behaviors. BH service providers
MHRS	A Mental Health Rehabilitation Services (MHRS) provider is a DBH-certified health care provider specializing in treatment services of MH issues, including but not limited to diagnostic/assessment, medication treatment, counselling, community support, crisis/emergency, day services, and intensive treatment.
SUD	Substance Use Disorder (SUD) is a condition defined by the inability to control the use of a particular substance despite harmful consequences. A DBH-certified SUD provider specializes in SUD treatment services such as detoxification, residential treatment, and outpatient services based on the individual's needs and level of care.
COD	Co-occurring Disorder (COD) refers to having a co-existing MH and SUD.
BHSD	Behavioral Health Supplemental Data (BHSD) is a compilation of client-level BH treatment service data submitted by the District's DBH-certified MH and SUD providers
TEDS	Treatment Episode Data Set (TEDS) is a compilation of client-level substance abuse and mental health treatment admission and discharge data submitted by states on clients treated in facilities that receive state funds.
NOMS	National Outcome Measures (NOMS) are client- level measures for discretionary programs providing direct services to adults
URS	Uniform Reporting System (URS) is reported annually to SAMHSA by states to support the Community Mental Health Services Block Grant program.
HIPAA	Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge.
21st Century Cures Act	The Cures Act, signed into law on December 13, 2016, is designed to help accelerate medical product development and bring new innovations and advances to patients who need them faster and more efficiently. The 21st Century Cures Act specifies the API Conditions of Certification, which seeks to minimize the "special effort" necessary to access, exchange, and use electronic health information via certified API technology.
ASAM Criteria	A comprehensive set of guidelines set by the American Society of Addiction Medicine (ASAM), for placement, continued stay, and transfer/discharge of patients with addiction and co-occurring conditions. The level of care (LOC) for an SUD patient is driven by ASAM criteria.
ADT	The admission, discharge and transfer (ADT) process, essential workflows of healthcare service providers, would be stored in the providers' information system and can be shared to allow other health care facilities and programs to have access to valuable and, at times, life-saving information.
NPI	National Provider Identifier (NPI), obtained through federal registration, is a unique identification number for covered health care providers.

Term	Definition
Medicaid	Medicaid is a joint federal/state health insurance program providing health coverage to low-income and/or disabled individuals and families.
Alliance	The DC Healthcare Alliance Program (the Alliance) is a locally-funded program designed to provide medical assistance to District residents who have no other health insurance and are not eligible for Medicaid or Medicare.
ICP	The Immigrant Children's Program (ICP) is a program designed to provide health coverage to individuals under the age of twenty-one (21) who are not eligible for Medicaid. Services covered under the Immigrant Children's Program are identical to the services covered under Medicaid for children under age twenty-one (21).
Managed Care	Managed Care is a health care delivery system organized to manage cost, utilization, and quality. Medicaid managed care provides for the delivery of Medicaid health benefits and additional services through contracted arrangements between state Medicaid agencies and managed care organizations (MCOs) that accept a set per member per month (capitation) payment for these services.
Section 1115 Demonstrations	Section 1115 of the Social Security Act gives the Secretary of Health and Human Services authority to approve experimental, pilot, or demonstration projects that are found by the Secretary to be likely to assist in promoting the objectives of the Medicaid program. The purpose of these demonstrations, which give states additional flexibility to design and improve their programs, is to demonstrate and evaluate state-specific policy approaches to better serving Medicaid populations.
DC Section 1115 Medicaid Behavioral Health Transformation Demonstration	CMS approved the District's Behavioral Health Transformation demonstration with an effective date of January 1, 2020. The demonstration allows the District's Medicaid program to pay for services provided to adults with serious mental illness (SMI)/serious emotional disturbance (SED) or substance use disorder (SUD) residing in an institution for mental disease (IMD), along with community-based services designed to improve behavioral health treatment capacity and strengthen transitions from emergency, inpatient and residential treatment. In April 2022, CMS approved a State Plan Amendment (SPA) to allow the District's Demonstration Program to permanent State Plan authority, expanding the range of behavioral health services covered by managed care.
CGAS	Children Global Assessment Scale (CGAS) is used to rate the severity of a mental illness for children and adolescents
GAF	Global Assessment of Functioning (GAF) scale is used to rate the severity of a mental illness for adults.
ICD	International Classification of Disease (ICD) is a globally used standardized diagnostic tool that classify health conditions and diseases, maintained and updated by the World Health Organizations (WHO). The latest version of the ICD is ICD-11 that came into effect on January 1 st , 2022. Currently, however, the 10 th edition (ICD-10) is used for Medicaid claim processes and BHSD rules on diagnosis data fields are constructed based on ICD-10.

1.2 Technical Terms

Table 2. Definitions of Technical Terms

Term	Definition
API	Application Programming Interface (API) is a set of functions that allows applications to access data and interact with external software components, operating systems, or microservices.
EDI	Electronic Data Interchange (EDI) is the concept of businesses electronically communicating information that was traditionally communicated on paper. Technical standards for EDI exist to facilitate parties transacting such instruments without having to make special arrangements.
ETL	Extract, transform and load (ETL) refers to data integration processes that combine, filter and shape data from external sources into a form suitable for data warehouse or other target systems.
HL7	Health Level Seven (HL7) is a set of international standards for transfer of clinical and administrative data between software applications used by various healthcare providers.
FHIR	Fast Healthcare Interoperability Resources (FHIR), allowing a new market of health apps to leverage data from any EHR in the standard format. FHIR creates a common set of APIs that allow clinical and administrative data to be available securely to authorized stakeholders.
Hub	A data hub is commonly referred to as the Hub, as a centralized system for data storage, definition and delivery. It is a center of data exchange supported by data science, data engineering and data warehouse technologies to interact with endpoints.
CSV	A Comma-Separated Value (CSV) file is a text file that uses a comma to delimit or separate individual values. Each line of the file is a data record. Each record consists of one or more fields, separated by commas.

Table 3. Definitions of Systems

Term	Definition
CRISP DC	Chesapeake Regional Information for our Patients (CRISP) DC is the District's designated Health Information Exchange (HIE) that facilitates the electronic transfer of clinical information between health information systems.
EHR	An Electronic Health Record (EHR) is a digital version of a patient's paper chart. EHRs are real-time, patient-centered records that make information available instantly and securely to authorized users. While an EHR does contain the medical and treatment histories of patients, an EHR system is built to go beyond standard clinical data collected in a provider's office and can be inclusive of a broader view of a patient's care. A certified EHR is an EHR system that's demonstrated the technological capability, functionality, and security requirements specified by the Secretary of Health and Human Services and has received certification by the Office of the National Coordinator (ONC).
HIE	Health information Exchange (HIE) allows health care professionals and patients to appropriately access and securely share a patient's medical information electronically.

Term	Definition
ITE	Integrated Technology Engine (ITE) is a technology solution aligned with DBH's business process that will consolidate accurate and timely behavioral health data, enabling DBH managers and staff to make informed decisions supporting the District's vision of population health and whole-person care.
Provider Gateway	Provider Gateway, a component of the ITE, is a tool for DBH-certified behavioral health service providers to submit and validate behavioral health supplemental data (BHSD) from EHR systems, allowing DBH to comply with the federal reporting requirements and create actionable insights.
iCAMS	A customized version of Credible, an EHR system that is currently used by the District's MHRS services and providers certified by DBH.
DATA WITS (WITS)	An EHR system that is currently used by the SUD service providers certified by DBH.

1.3 Related Organizations

Table 4. List of Related Organizations

Organization	Definition
SAMHSA	Substance Abuse and Mental Health Services Administration (SAMHSA), a branch of the U.S. Department of Health and Human Services (HHS). It is charged with improving the quality and availability of treatment and rehabilitative services to reduce illness, death, disability, and the cost to society resulting from substance use and mental illnesses. The Administrator of SAMHSA reports directly to the Secretary of HHS. SAMHSA provides federal funds for behavioral health services to all states and the District via the <i>Community Mental Health Services Block Grant (MHBG)</i> program and the <i>Substance Abuse Prevention and Treatment Block Grant (SABG)</i> program.
CMS	Centers for Medicare & Medicaid Services, U.S. Department of Health and Human Services (HHS). CMS administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards (HIPPA).
ONC	Office of the National Coordinator for Health Information Technology, U.S. Department of Health and Human Services (HHS). ONC, as the principal federal entity, leads national health IT efforts to implement and use the most advanced health information technology and the electronic exchange of health information.
HHS	Department of Health and Human Services, US Government
DBH	Department of Behavioral Health, DC Government. DBH provides prevention, intervention, treatment services and support for children, youth and adults with mental and/or substance use disorders including emergency psychiatric care and community-based outpatient and residential services in the District.
DHCF	Department of Health Care Finance, DC Government. DHCF is the District of Columbia's state Medicaid agency. DHCF also administers insurance programs for immigrant children, the State Child Health Insurance Program (S-CHIP or CHIP) and Medical Charities (a locally funded program).
MCO	Managed Care Organization, a healthcare provider entity that has, or is seeking to qualify for, a comprehensive risk contract. Makes the services it provides to its Medicaid enrollees as accessible (in terms of timeliness, amount, duration, and scope) as those services are to other Medicaid beneficiaries within the area served by the entity.

1.4 BHSD Reporting Terms

Table 5. List of Terms Related to BHSD Submission

Term	Definition
Record	A collection of data fields of different data types in a fixed number and sequence. In the BHSD submission, a record is a unique treatment episode provided for a client by a provider in a treatment setting as defined in this document, within the same dataset.
Dataset	Set or collection of data that includes one or more records from the same provider for the same reporting period.
Submission	A set of one or more records from a provider for a particular reporting period, provided to the DBH Provider Gateway either via system-to-system API integration, or manually via upload of a comma separated value (.csv) file from an authorized representative of a provider.
Reporting Period	A time span for which an agency provided a client with an MH or SUD treatment service reported in the dataset. For example, a dataset with the reporting period of October 1, 2022 through October 31, 2022 would include all clients admitted to or discharged from an MH/SUD treatment service between October 1 and October 31, 2022 and those remaining in care as of the last day of the reporting period.
Data Field Description vs. Name	A data field is a structure for a single data element and each record consists of several data fields. Every data field in BHSD will have a unique data field description and the field name. The data field name has no space but often has an underscore (_) and is always spelled in lower case. For examples, the data field name of Client ID is client_id. The header of a BHSD dataset must use the field name whereas this document will use the data field description for clear communication. In the Guide, every word of a data field description is capitalized in blue (e.g., Admission Date or Discharge Reason)
Code & Value	A value is the information contained in a data field. It may represent a numeric quantity, a textual characterization, a date or time measurement, or something else. Each data field has rules for acceptable values defined. Most data fields will have a range of numeric codes assigned to represent values for standardization and consistency of data collection. Thus, when codes are assigned, data should be reported in code. The Guide describes the definition of and when to use each code and value. In this document, a code is always followed by the corresponding value in a parenthesis, and they are italicized in red: e.g., One of the acceptable codes & values in Gender will be <i>1 (Male)</i> .

Table 6. List of Data Field Format for BHSD

Term	Definition
Alphanumeric	0 to 9 numbers, A to Z (or a to z) alphabetic characters, or combination of numbers and alphabetic characters. Examples of valid alphanumeric values are a, H, 0, 5 and k. No space or special characters are allowed in this data field.
Alphabetic	Combination of A to Z or a to z characters. No space or special characters are allowed in this data field.
Numeric	Combination of 0 to 9 numbers. No space or special characters are allowed in this data field.
String	A sequence or array of characters or words, including alphabetic value, numeric value, space, and special characters. Some string fields may specify allowed special characters.
Date	Date refers to the current or past day, month, and year. The acceptable date format for BHSD will be MM/DD/YYYY or YYYY-MM-DD.

2 Introduction

2.1 Background

In November 2019, the Centers for Medicare and Medicaid Services (CMS) approved the District of Columbia (the District) Section 1115 Medicaid Behavioral Health (BH) Transformation Demonstration waiver (Section 1115) with an effective date of January 1, 2020. The demonstration allows the District's Medicaid program to pay for services provided to adults with Serious Mental Illness (SMI)/Serious Emotional disturbance (SED) or substance use disorder (SUD) residing in an institution for mental disease (IMD). The purpose of this transition is to ensure that Medicaid provides a broader continuum of BH services and a person-centered system of physical and behavioral health care for the District residents through integrated and coordinated treatment services.

In April 2022, CMS further approved a State Plan Amendment (SPA) to allow the District to transition its Section 1115 services for Mental Health Rehabilitative Services (MHRS) and Adult Substance Use Rehabilitative Services (ASURS) to permanent State Plan authority and expand the range and the availability of BH services covered by managed care contracts.

As the District's behavioral healthcare authority, during and after this transition, the Department of Behavioral Health (DBH) continues to be responsible for federal reporting, credentialing BH service providers, and managing locally funded services. Furthermore, DBH is shifting its focus to supporting whole-person care (WPC) service delivery, outcome-based care, and population health. This is a sea change in the entire BH service community in the District. DBH needs accurate and reliable data to support the behavioral health clients/consumers in the District during and after this transformation to secure federal funding and grants and monitor the quality of services and outcomes. Thus, DBH needs to collect Behavioral Health Supplemental Data (BHSD), also known as the provider extract, from BH service providers to meet federal reporting requirements specified by the Substance Abuse and Mental Health Service Administration (SAMHSA) and state reporting needs.

Most of the mental health (MH) and substance use disorder (SUD or SU) service providers in the District currently use iCAMS and DATA WITS (WITS) to enter and manage clinical records and service-related information, allowing DBH to extract data necessary for federal reporting from iCAMS and WITS. The District's Medicaid reform will require that each provider obtain the ability to independently manage and communicate BH clients' electronic health record (EHR) information directly with Managed Care Organizations (MCOs), thus no longer using iCAMS and WITS.

Effective October 1, 2023, DBH will no longer require DBH-certified MH and SUD providers to use iCAMS and WITS. All DBH-certified providers will be required to submit BHSD via the Provider Gateway (the Gateway) as instructed in this Guide. DBH encourages providers to begin activities to prepare the transition, beginning October 1, 2022. Providers who have successfully tested the submission of BHSD from their own EHR systems via the Gateway will be allowed to exit iCAMS or WITS prior to October 1, 2023.

2.2 What is BHSD?

The Behavioral Health Supplemental Data (BHSD) is client-level information about clients and services provided

- to District residents who are eligible for or enrolled in public medical assistance programs, including Medicaid, the Alliance and Immigrant Children's Program (ICP), or those who may not qualify for any of the medical assistance programs while being treated due to emergent circumstances
- by DBH-Certified mental health and substance use treatment service providers.

Currently, BHSD includes 83 data fields in the following domains:

1. Client demographic information
2. Service/treatment episode (admission, discharge & transfer)
3. Client address
4. Client profile and socioeconomic characteristics
5. Clinical information
 - a. Diagnosis
 - b. Substance use problem

2.3 Who should submit BHSD?

Mental health or substance use disorder treatment service providers certified by DBH must submit BHSD as guided in this document upon securing its EHR and exiting iCAMS and/or WITS. A DBH-certified provider agency must ensure that BHSD includes data for all services rendered to the District residents by the agency regardless of payor while communicating all service encounters and claims for clients covered by managed care directly with MCOs.

All individuals residing in the District are eligible to receive Crisis Services, Stabilization Services, and Involuntary Treatment Services regardless of income and the enrollment status of public medical assistance programs, including Medicaid, the Alliance and Immigration Children's Program (ICP). Thus, all services rendered to the District residents by certified MH and SUD service providers must be reported to DBH through the Gateway.

2.4 Purpose and Intended Use of BHSD

DBH will collect and use BHSD for the following purposes to:

- Comply with federal, state, and grant reporting requirements, including but not limited to the Substance Abuse and Mental Health Services Administration's (SAMHSA) Treatment Episode Data Set (TEDS), National Outcome Measures (NOMS), and Uniform Reporting System (URS) reporting requirements, to ensure continued funding.
- Assist with financial-related activities, including budget development and grant management
- Credential and certify MHRS and SUD providers
- Support quality management and utilization management activities
- Monitor BH clients/consumers' outcomes
- Understand the BH well-being and service needs of the District's residents and identify any service gaps in the community.

The compiled BHSD will be part of the Integrated Technology Engine (ITE) solution, linking BH client and service information submitted by providers with Medicaid fee-for-service (FFS) claim data, managed care encounter data, and other District-funded or grant-funded program data. The results of integrated data will be used for the purposes identified above.

ITE is a *technological* solution aligned with DBH's business *process* that will consolidate accurate and timely behavioral health data enabling DBH managers and staff (*people*) to make informed decisions toward the District's vision of population health and whole-person care. BHSD will be submitted and processed via the Gateway, a component of ITE.

2.5 Federal Reporting Requirements

The collected BHSD will be used to comply with the following data reporting requirements established by SAMHSA:

- a) **Treatment Episode Data Set (TEDS)** is a compilation of client-level substance abuse treatment admission and discharge data submitted by states about clients treated in facilities that receive state funds. TEDS provides client-level data regarding drug use patterns among admissions to treatment, including primary drug use, age at first use, mode of administration, and frequency of use, which are useful in tracking changing patterns of drug use and treatment need. Client discharge data in TEDS has allowed the analysis of treatment length of stay and treatment completion, potentially important factors in treatment outcome studies.
- b) **MH-TEDS/MH-CLD (Client-Level Data)** is the addition of client-level mental health admission and update/discharge data on clients treated in facilities that receive state funds. They have been previously collected in support of the Community Mental Health Services Block Grant (MHBG) and Substance Abuse and Prevention Treatment Block Grant (SABG) Application Guidance and Instruction. MH-TEDS/CLD provides client-level data on mental health admissions to and continuation in treatment, including demographic, socioeconomic, legal, clinical, and outcome data of persons served by the State Mental Health Agencies (SMHAs) within a 12-month window. MH-CLD contains one record for each person served whereas MH-TEDS contains one record for each admission to, and discharge from, a service type or setting (referred to as a treatment episode) within the client's treatment history during the reporting period. The District submits only MH-TEDS data, which is made compatible for analysis with MH-CLD data.
- c) **National Outcome Measures (NOMS)** were created by SAMHSA in response to the Government Performance and Results Act of 1993 (GPRA), to measure the performance and outcomes of all SAMHSA grantees by collecting in various data domains. NOMS data are calculated based on data collected using GPRA survey tools and TEDS data.
- d) **Uniform Reporting System (URS)** is used to compile and report annual data as part of SAMHSA's Community MHBG. URS is part of an effort to use data in decision support and planning in public mental health systems and to support program accountability. URS comprises 21 Excel tables that are developed by the Federal Government in consultation with SMHAs. URS Data include the sociodemographic characteristics of clients served by the states and territories, outcomes of care, use of selected evidence-based practices, client assessment of care, insurance status, living situation, employment status, and readmission to state and territorial psychiatric hospitals within 30 and 180 days.

3 BHSD Submission and Validation Framework

3.1 Client

A 'client' in BHSD is a person who meets the following criteria:

- Has a recognized BH condition, including a mental health illness or substance (alcohol or drug) related problem
- Has completed the screening and intake process
- Has been formally admitted for the treatment or recovery service in a BH treatment unit

Some providers may also use 'patient' or 'customer' instead of 'client' or 'consumer.' These terms will be interpreted as 'client' or 'consumer' in BHSD. The Guide may use 'client' or 'consumer', either one of the terms, or 'client/consumer' in a combined manner.

3.2 Treatment Episode (Service Episode or Episode)

A treatment episode, also referred to as a service episode or an episode, forms the basis of BHSD reporting. It's defined as the period of contact, with specified dates of beginning (admission) and end (discharge), between a client/consumer and a treatment provider or team of providers. A treatment episode starts with an [Admission Date](#) and ends with a [Discharge Date](#). A treatment episode that has no [Discharge Date](#) by the end of BHSD reporting period is considered an open episode where the client continues to receive active treatment.

A single Episode has only one primary treatment type (and a principal drug of concern for SUD client) and no non-planned absence of contact for greater than three months. Refer to below definitions of "admission" and "discharge."

3.2.1 Admission

The definition of "admission" for BHSD is slightly different between SUD treatment services and MH treatment services.

For SUD services, admission is defined as the formal acceptance of a client into SUD treatment. An admission has occurred only if the client begins SUD treatment. Events such as initial screening, referral, and wait-listing for substance use treatment are considered to take place before admission to treatment and should not be reported as admissions for the BHSD reporting.

For MH services, admission is a start of any type of MH treatment services rendered to a client, including those who received an MH evaluation, screening or assessment, through a program operated or funded by DBH, Medicaid and public funds.

3.2.2 Admission Type: Initial Admission vs. Transfer Admission

Admission can be either an initial admission to a treatment setting or a transfer admission (also referred to as a transfer) to another treatment setting. A transfer admission can be

- from one treatment setting (level of care) to another within a single episode of treatment with the same provider
- from one treatment setting to another within the same provider network, or

- from one facility to another to receive short-term care, such as medical care

Not every billable service (e.g., group therapy, individual therapy, etc.) is considered an admission. If these services were delivered within a single treatment setting (e.g., outpatient), count only one of these records as an episode.

In comparison, a change in a treatment setting (e.g., from inpatient hospitalization to a community-based outpatient program) or a change from an SUD service to an MH service, or vice versa, is considered a transfer. A transfer to a new treatment setting is considered an admission resulting in a new separate episode record and its record type should be reported as a transfer admission. Initial admission and transfer admission records for MH services should be coded differently from those for SUD services. (Refer to [Treatment Setting/Type](#))

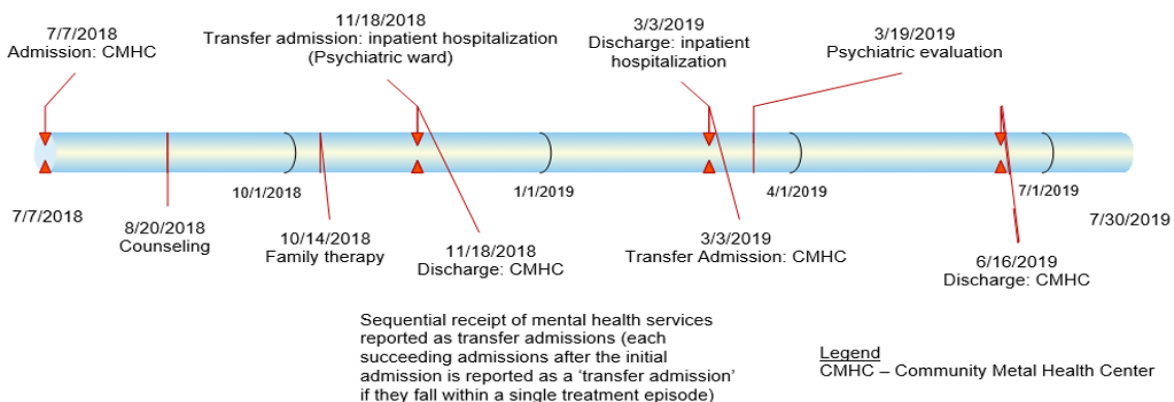
3.2.3 Discharge

A discharge is defined as the end (or termination) of treatment services in a particular setting and/or with a particular service provider. When a client is transferred to another treatment setting or another service provider and continues to receive the treatment without a service gap, the client is considered discharged from the existing episode and a new episode will start.

Services may be terminated for many reasons: treatment program completion, transfer to another treatment setting, client drop-out, facility termination, or the client's inability to continue treatment because of death, incarceration, or other life circumstances.

In the example below, the same client had three different treatment episodes between July 2018 and June 2019. The first episode began on July 7, 2018, when the client was initially admitted to a community mental health clinic (CMHC), receiving counseling and family therapy sessions as an outpatient. This episode ended on November 18, 2018, when the client was transferred to a psychiatric hospital. This transfer admission became the start of the second episode, which ended on March 3, 2019, when the client was discharge from the hospital and got transferred to a CMHC. This transfer resulted in the third episode, which ended on June 16, 2019.

Figure 1. General scenario of sequential receipt of services



* Source: General scenario of sequential receipt of services, Combined Substance Use and Mental Health TEDS State instruction Manual, SAMHSA, 4/30/2022

3.3 BHSD Submission Universe

A BHSD dataset should include all treatment episodes served during the reporting period, including episodes that started or ended during the reporting period and those remaining open at the end of the reporting period.

For example, if a provider submits BHSD for the month of December 2022 in a CSV format via the Gateway, the file should include

- 1) All episodes of clients admitted between December 1st and December 31st of 2022;
- 2) All episodes of clients discharged between December 1st and December 31st of 2022; and
- 3) All open episodes of clients who have not yet been discharged as of December 31st 2022.

An individual record in this file would meet one of the following four conditions:

- 1) An episode that started and ended during the same reporting period (e.g., admitted and discharged in December 2022);
- 2) An episode that started during the reporting period and remains open at the end of the reporting period (e.g., admitted in December 2022 and in active treatment as of December 31, 2022);
- 3) An episode that started before the reporting period and ended during the reporting period (e.g., admitted before December 2022 and ended in December 2022); or
- 4) An episode that started before the reporting period and remains open at the end of the reporting period (e.g., admitted before December 2022 and continues to be in active treatment as of December 31, 2022).

Figure 2. Example of Episodes in a Single BHSD Submission Dataset



In the example above, records falling in the scenario 3 or 4 must have been included in the November 2022 submission in addition to the December 2022 submission. Likewise, records of the scenario 2 or 4 will be included in the January 2023 submission following the December 2022 submission. Episodes crossing multiple reporting periods should have their information updated in each reporting period. This will allow information about a client remaining in a long-term treatment to be regularly updated and reported to DBH.

Some of the client information may be collected at admission only and others may be collected at discharge only. Some information may be updated throughout the treatment episode. In fact, SAMHSA requires states to report the discharge information separately from the admission

information. States are also required to report open episodes with no discharge date at the end of the reporting period, as update records.

BHSD is designed to consider these requirements by associating certain data fields with admission vs. discharge. However, many data fields will have no distinction. Instead, the information submitted for the admission reporting period will be considered admission data whereas the information submitted for the discharge reporting period will be considered discharge data. For an episode that started and ended during the same reporting period (i.e., scenario 1 above), the information submitted will be considered applicable to both admission and discharge. For an open episode admitted in a previous reporting period (i.e., scenario 4 above), the information submitted will be treated as updated information.

The same framework applies to submissions made via automated Application Programming Interface (API) services although they will likely have more frequent submissions with shorter reporting periods, allowing DBH to monitor any changes made in clients or services through the treatment episodes more accurately and timely.

3.4 MH Episodes vs. SUD Episodes

Certain data fields (e.g., [Substance Use](#)), by nature, may apply to SUD treatment records only and others (e.g., [SMI/SED](#)) may apply to MH treatment records only although many data fields are relevant to all episodes regardless of the treatment type. SAMHSA also requires states to report SUD records separately from MH records.

The District's BHSD is designed to collect both MH and SUD treatment records in a single format. All providers, regardless of the treatment type, are required to have the same reporting responsibilities for all data fields. However, data fields applicable to SUD records only will be allowed to be skipped or be marked as *Not Applicable* for MH records, and vice versa. Providers are still encouraged to monitor and report clients co-occurring conditions regardless of the treatment type.

This simplified framework is intended to reduce the reporting burden among providers by requiring them to submit one single dataset per reporting period. Also, it aims to promote integrated care with screening, diagnosis and treatment for both MH and SUD and serving the whole person for the best health outcomes regardless of the immediate reason for an admission to the treatment program.

3.5 BHSD Submission and Resubmission Requirements

Upon processing the submitted BHSD, the Gateway will validate each data field and each record. The validation results will be available and viewable via authorized access to the Gateway. Providers will then take corrective actions for any erroneous data in the source of the error, including their EHR systems or coding, and resubmit the failed records.

Providers must submit BHSD no less than monthly, within ten (10) calendar days from the last day of the reporting period. Providers must resubmit BHSD if the initial submission includes failed records per DBH's resubmission policy. The minimum reporting frequency and timeline may change per DBH's policy, and any changes will be notified to all providers 90 days before the effective date.

These rules apply to all providers regardless of their specialized service type and data submission method: whether a provider submits BHSD via an API service or by uploading a CSV file directly to the Gateway.

Once providers submit valid BHSD, DBH will map the providers' data with each federal reporting framework according to the federal guidelines. (Refer to [2.5 Federal Reporting Requirements](#)).

3.6 BHSD Data Field Types

BHSD includes a total of 83 data fields and comprises seven (7) key fields, 33 required fields, and 43 optional fields. This section describes each field type's importance and key characteristics along with examples. The requirements and acceptable values for each data element will be presented in [Chapter 4 BHSD Layout](#).

3.6.1 Key Field

A key field is a data field that contains information unique to a record, separating that record from all other records within a dataset or a database. In BHSD, a combination of key fields will identify a unique episode record, which is also a unit for federal reporting. The key fields link the same treatment episode across multiple datasets. Thus, each record must have valid values for all key fields. Otherwise, the record cannot be recognized as a valid record.

BHSD has seven key fields: [Client ID](#), [Collateral](#), [Admission Date](#), [Record Type](#), [Treatment Type](#), [Discharge Date](#), and [Date of Last Contact or Data Update](#). The [Discharge Date](#) will be defined as a key field and will fail the entire record if it has an invalid value when it's present. However, it will be assumed that an active episode that has not ended will not have any value in the [Discharge Date](#) field, and a [Null](#) value in [Discharge Date](#) will not trigger an error unless other conditional fields indicate that the service episode may have ended.

3.6.2 Required Field

A required field is a field that is necessary for a provider to submit a valid value. Collecting and reporting data in these required fields are not only necessary for DBH to comply with federal reporting requirements but also significant to enable DBH to monitor the quality of services and outcomes of the clients served by the behavioral health care providers in the District.

Some of the data fields in this category may be used to compare with data submitted by other providers or other systems so DBH can monitor the data integrity and perform crosswalk analysis for the same clients. Missing or invalid values in the required fields will affect the data quality significantly and will make the respective record fail to be processed as valid.

Examples of required fields include but are not limited to First Name, Last Name, DOB, Gender, Race, Ethnicity, Discharge Reason, Living Arrangement, Education, Martial Status, Employment, Number of Arrests Prior to Admission, Primary SU, Primary SU/MH Diagnosis, SMI/SED Status.

3.6.3 Optional Field

Providers are not required to report data for optional fields but are strongly encouraged to collect or prepare to collect in near future. Valid data collected in these fields will be useful for both the federal government and the District to better understand the population and services rendered by the behavioral health care providers, contributing to improving the policy and shaping the best practice models. In addition, some of the currently optional fields may become required in the future as the federal guidelines or the District's policy changes.

Missing or invalid values in the optional fields will affect the data quality but will not fail the record or prevent processing. The Gateway validates data provided in these optional fields and DBH will monitor the data quality of these data fields.

Examples of optional fields include but are not limited to Service request date, Number of Prior SUD Treatment Episodes, Address, Health Insurance, Income source, Secondary or Tertiary SUD, and Non-BH Diagnosis.

3.7 Data Validation Framework

Upon receiving the submitted dataset from a provider, the Gateway runs a data validation process to identify any errors, such as missing value, invalid value, or data inconsistency, for each individual data element. The Gateway displays the error category (reason), a message describing the reason in detail, and the error type (severity) determined according to the type of the data field (i.e., key field, required field or optional field). The error type determines whether the respective record can be passed as a valid record or not. Any record that did not pass needs to be corrected and resubmitted.

3.7.1 Error Category (Reason)

Every error will be categorized as one (or more) of the following reasons and will accompany a concrete message describing a specific reason for the error.

- 1) **Missing value:** This error occurs when a value is missing (*Null*) in a key field or a required field. An optional field with *Null* value will not be considered an error.
- 2) **Invalid value:** This error occurs when the value is not one of the allowed values as instructed in the Guide. All optional fields in addition to key fields and required fields are subject to this error category when a value is present.
- 3) **Invalid format:** This error occurs when a field violates a specific formatting rule.
- 4) **Invalid field length:** This error occurs when a non-numeric field requiring a specific number of characters violates the rule by exceeding the allowed maximum length or being shorter than the required minimum length.
- 5) **Data inconsistency:** This error occurs when the value of the field conflicts with the value of a related field.

3.7.2 Error Type (Severity)

An error type is determined for each data field and corresponds to the type of the data field where the error occurred.

- 1) **Fatal error:** an error associated with a key field. A record with (a) fatal error(s) fails to be processed as a valid record.
- 2) **Critical error** - An error associated with a required field. A record with (a) critical error(s) fails to be processed as a valid record.
- 3) **Warning** - An error associated with an optional field. A record with (a) warning(s) without any critical or fatal error will be processed as a valid record.

3.7.3 Validation Result (Pass vs. Fail)

Each record will be determined as a valid record, marked “Pass”, or an invalid record, marked “Fail”, based on the validation result of data fields in the respective record.

Pass

A Pass record has no fatal or critical errors in any key fields or required fields. A Pass record may still have (a) warning(s) associated with (an) optional field(s) but will be considered valid if there are no errors on a key field or required field. Any data field(s) with (a) warning(s) for a Pass record should be reviewed and corrected for resubmission whenever possible.

Fail

A Fail record has (a) fatal or critical error(s) in one or more key fields or required fields. A record with (a) fatal or critical error(s) is not considered valid. The provider must review all fatal and critical errors associated with a Fail record and take necessary corrective actions to resubmit the entire data fields of those records. A Fail record may also have warnings associated with (an) optional field(s) and those data fields with warnings should be also reviewed and corrected for resubmission whenever possible.

3.7.4 Correction of Errors and Resubmission

The Provider Gateway, by design, does not allow for direct editing or updating of records. Any failures or warnings to be addressed by the Provider must be corrected in the Provider’s source system, and a new submission must be generated and uploaded with the corrections.

This may mean that a provider makes multiple submissions for a particular reporting period. While previous submissions are kept for review, each new submission must be a complete set of data for the given reporting period. For example, if a provider has 100 records in their data extract for a given period, and the initial submission shows 10 fatal or critical errors, subsequent submissions with corrections for these errors must contain all 100 records, the provider cannot submit just the subset of originally failed records as part of a resubmission.

4 BHSD Layout

4.1 File Header (File Information)

Each dataset will have the following information describing the character of each submission file. Some elements will be auto-assigned by the Gateway, some elements will be auto-populated based on the information supplied and confirmed by the provider, and others will be filled by an approved individual responsible for submitting the datasets to the Gateway.

Table 7. Key Information of Transaction Files

File Header Name	Alias	Notes
Provider Gateway ID	Gateway ID	Unique identifier for providers submitting BHSD through the Gateway. It is assigned by the Gateway and is populated automatically on the Gateway based on the user's login information
Provider Agency Name	Provider	Name of the provider agency as registered in the Gateway and confirmed by DBH and provider in advance.
Provider NPI	NPI	National Provider Identifier assigned to each health care service provider and is obtained through federal registration. If there is more than one NPI, the primary NPI will be applied. The NPI information is updated by the DBH administrator and is populated automatically on the Gateway based on the user's login information.
Reporting Period Start Date	Coverage Start Date	The first date of the BHSD reporting period, a time span for which a client received a treatment service included in the dataset.
Reporting Period End Date	Coverage End Date	The last date of the BHSD reporting period
Data Extract Date	Effective Date	Date when BHSD data was generated from the provider's EHR system
Submission Date and Time	Submission Date	Date and time when BHSD was submitted to the Gateway. It will be auto-generated by the Gateway (US EST).
Submission Dataset Name	File Name	A combination of Gateway ID, Reporting Period End Date (yyyymmdd) and Submission Date (yyyymmdd) separated by underscores. For example, 100_20220831_20220910. It will be auto-generated for a dataset collected via API service while a provider must name for a CSV file that is manually uploaded to the Gateway.

4.1.1 Computed or Auto-Generated Data

The following information will be generated per record from the Gateway upon processing data ingestion and validation.

Table 8. Information Computed or Generated from the Gateway

Name	Description	Notes
record_identifier	Record Identifier	The Gateway will compute a unique Record Identifier with each dataset by combining the following key fields: Client ID , Admission Date , Record Type and Treatment Setting , separated by underscores (e.g., 12345_20220801_M72). No two records should share the same Record Identifier as the combination of these key fields will represent a unique service episode reported within the same dataset.
val_result	Validation Result	Pass or Fail . Refer to 3.7.3 Validation Result (Pass vs. Fail) for definitions and details.

4.1.2 Values Frequently Assigned to Multiple Fields

While each data field will have a unique set of valid values along with their corresponding codes, the following values will be allowed repeatedly in many data fields.

- [Prefer Not To Disclose \(95\)](#) – This value is used when the client/consumer indicated that she/he/they prefer not to disclose the specific information.
- [Not Applicable \(96\)](#) – This value is used when the client/consumer does not meet the criteria specific to the question
- [Unknown \(97\)](#) – The provider collects this data element but indicates that the specific information of a particular client or record is unknown, or the record is [Null](#) or does not reflect an acceptable value
- [Not Collected \(98\)](#) – The provider's EHR or data collection system does not have a data field to capture the specific information for any clients/consumers.

4.2 Key Fields

Every record of each dataset must have the following key fields that define a unique record. These key fields will be used to validate the validity of each dataset and to identify the same treatment service episode when multiple datasets are linked. A record with a missing value in any of these key fields will result in a critical error and the record will fail to be processed as a valid record. One exception is applied to the [Discharge Date](#) field, which cannot be filled until the episode ends. When a [Discharge Date](#) is present, however, any errors associated with the field will result in a critical error.

Table 9. Key Fields Identified from Provider's EHR System

Field Name	Field Description	Type	Format	Length
client_id	Client ID	Key	Alphanumeric	15
collateral	Codependent/Collateral	Key	Numeric	1
record_type	Record Type	Key	Alphabetic	1
admission_date	Admission Date (Treatment Service Start Date)	Key	Date	N/A
treatment_type	Treatment Setting/Type (Level of Care)	Key	Numeric	2

Field Name	Field Description	Type	Format	Length
discharge_date	Discharge Date (Treatment Service End Date)	Key	Date	N/A
last_contact_date	Date of Last Contact or Data Update	Key	Date	N/A

4.2.1 Client ID

This is a unique client identifier (i.e., medical record number) generated by the provider's EHR system. This field identifies the person receiving treatment, or who is participating in the treatment as a codependent of a person with an SUD problem (see instructions for [Codependent/Collateral](#)).

An SUD treatment client is a person who meets the following criteria:

- Has completed the screening and intake process and has been formally admitted for treatment or recovery service to an SUD treatment program. A person who has completed only a screening or intake process or has been placed on a waiting list is not a client.
- Has a client record.

An MH treatment client is a person who meets the following criteria:

- Has received MH services, including support services, screening, assessment or crisis services through publicly funded programs. Telemedicine services are included if they are provided to registered or identified clients. A person who has completed only a screening or intake process is considered a client and should be reported.
- Has a client record or can be identified in the provider's EHR.

Guidelines

- [Client ID](#) must be unique within the provider, assigned once to a single individual and used for all subsequent transactions involving that individual.

Validation Rules

- Field name: client_id
- Field type: key field
 - Any errors associated with this field result in a *fatal error* and the record will fail to be processed as a valid record.
 - If this field is *Null*, the [Validation Result](#) indicates a *fatal error due to a missing value*.
- Field format: alphanumeric
 - If this field contains an invalid character other than an alphanumeric value, the [Validation Result](#) indicates a *fatal error due to a wrong format*.
- Field length: 15 or less
 - If the value is longer than 15 characters, the [Validation Result](#) indicates a *fatal error due to an invalid field length*.
- Acceptable value: numbers, letters or a combination of numbers and letter but all zero(s)
 - If the value of this field is all zeros, the [Validation Result](#) indicates a *fatal error due to an invalid value*.

4.2.2 Codependent/Collateral

This indicates whether treatment is for a primary substance use or arises from the client's relationship with someone with a substance use disorder.

Code	Value	Description/Note
1	Codependent/Collateral	Applicable to SUD treatment service provider only – Someone seeking services because of problems arising from his or her relationship with a substance user.
2	Client	Client receiving treatment for SUD or MH

Guidelines

- For MH reporting, use only *Client (2)* for field value.
- If a *Client* with an existing admission record becomes a *Codependent/Collateral*, a new admission record should be created. Conversely, a *Codependent/Collateral* who becomes a *Client* requires a new admission record as a *Client*.
- A record of *Codependent/Collateral* requires *Client ID* and *Admission Date*, and reporting of the remaining fields is optional. For all items not reported, the data field should be coded with *96 (Not Applicable)* or *98 (Not Collected)*.

Validation Rules

- Field name: collateral
- Field type: key field
 - Any errors associated with this field result in a *fatal error* and the record will fail to be processed as a valid record.
 - If this field is *Null*, the *Validation Result* indicates a *fatal error due to a missing value*.
- Field format and length: one (1) numeric character
- Acceptable value: *1* or *2*
 - If the value of this field is other than *1* or *2*, the *Validation Result* indicates a *fatal error due to an invalid value*.

4.2.3 Record Type

This field identifies whether a record represents MH/SUD initial admission or transfer admission.

Code	Value	Description/Note
A	Initial Admission for SUD Treatment	
T	Transfer/change in SUD Service	Includes a change in level of care within a single episode of treatment with the same provider or a transfer to another treatment setting, including a short-term care.
M	Initial Admission for MH Treatment	
X	Transfer/Change in MH Service	Same as above description for T

Guidelines

- A transfer to another treatment setting should be considered an admission resulting in a new separate episode record and its admission type should be reported as a transfer admission with **Record Type** of **T** for SUD service and **X** for MH service. For example, a transfer can be
 - from one treatment setting (level of care) to another within a single episode of treatment with the same provider
 - from one treatment setting to another within the same provider network, or
 - from one facility to another to receive short-term care, such as medical care
- Not every billable service (e.g., group therapy, individual therapy, etc.) is considered an admission. If these services were delivered within a single treatment setting (e.g., outpatient), count only one of these records as an episode.
- Initial admission and transfer records for MH services (**M** and **X**, respectively) should be coded differently from initial admission and transfer records for SUD services (**A** and **T**, respectively).
- If Initial admissions and Transfers within one treatment episode cannot be identified in the provider's EHR system, all records should be reported as Initial admissions and it should be explained in writing to DBH.
- An SUD record, **A** or **T** in the **Record Type**, must have an associated SUD **Treatment Setting** codes (**1 - 8**) or **96 (Not Applicable)**.
- An MH record, **M** or **X** in the **Record Type**, must have an associated MH **Treatment Setting** codes (**72 - 77**).

Validation Rules

- Field name: record_type
- Field type: key field
 - Any errors associated with this field result in a **fatal error** and the record will fail to be processed as a valid record.
 - If this field is **Null**, the **Validation Result** indicates a **fatal error due to a missing value**.
- Field format and length: one (1) letter
- Acceptable value: **A**, **T**, **M** or **X** in upper case
 - If the value of this field is other than **A**, **T**, **M** or **X**, the **Validation Result** indicates a **fatal error due to an invalid value**.
- Related field: **Treatment Setting** (The below data validation rules will run in the **Treatment Setting** field, NOT in **Record Type**)
 - An SUD record, **A** or **T** in the **Record Type**, must have an associated SUD **Treatment Setting** codes (**1 - 8**) or **96 (Not Applicable)**. If the value of the Treatment Setting is a code assigned for an MH treatment (**72 - 77**) when the **Record Type** is **A** or **T**, the **Validation Result** of the **Treatment Setting** field indicates a **fatal error due to a data inconsistency**.
 - An MH record, **M** or **X** in the **Record Type**, must have an associated MH **Treatment Setting** codes (**72 - 77**). If the value of the Treatment Setting is a code assigned for an SUD treatment (**1 - 8**) or **96 (Not Applicable)** when the **Record Type** is **M** or **X**, the **Validation Result** of the **Treatment Setting** field indicates a **fatal error due to a data inconsistency**.

4.2.4 Admission Date

This field is the date when the client receives his or her first direct treatment or service if the Record Type is an Initial Admission. If the Record Type is a Transfer, this is the date when the client receives his or her first direct treatment in the new treatment setting/service program or new provider he or she transferred to.

Guidelines

- If the **Record Type** is an *Initial Admission (A or M)*, this field indicates the date when the client receives his or her first direct treatment or service.
- If the **Record Type** is a *Transfer (T or X)*, this is the date when the client receives his or her first direct treatment in the new treatment setting.

Validation Rules

- Field name: admission_date
- Field type: key field
 - Any errors associated with this field result in a *fatal error* and the record will fail to be processed as a valid record.
 - If this field is *Null*, the **Validation Result** indicates a *fatal error due to a missing value*.
- Field format: Date (*MM/DD/YYYY* or *YYYY-MM-DD*)
 - If this field contains a value that is not recognized as a data format, **Validation Result** indicates a *fatal error due to wrong format*.
- Acceptable value: a valid date equal to or greater than January 1, 1920
 - If the value of this field is not a valid calendar date (e.g., February 30), **Validation Result** indicates a *fatal error due to an invalid value*.
 - If the value of this field is before *1/1/1920*, the **Validation Result** indicates a *fatal error due to an invalid value*.
- Related field: **Data Extract Date, Reporting Period Start Date, Reporting Period End Date Discharge Date, Date of Last Contact or Data Update**
 - **Admission Date** may be the same as **Discharge Date** but cannot be later. If **Admission Date** is later than **Discharge Date**, the **Validation Result** of the **Discharge Date** indicates a *fatal error due to a data inconsistency*.
 - **Admission Date** may be the same as **Date of Last Contact or Data Update** but cannot be later. If **Admission Date** is later than **Date of Last Contact or Data Update**, the **Validation Result** of the **Date of Last Contact or Data Update** indicates a *fatal error due to a data inconsistency*.

4.2.5 Treatment Setting/Type (Modality or Level of Care)

This field describes the type of treatment service or treatment setting in which the client is placed at the time of admission or transfer. Some providers may call it differently, such as treatment modality, treatment type or service type. SUD providers may use and document the ASAM level of care method. The below chart displays the corresponding ASAM level of care for each treatment setting. If the provider's system has only ASAM level of care or classifies differently, the provider should map each value with the acceptable codes for the BHSD dataset below.

Code	Value	Description/Note	ASAM Level of Care
1	<i>Detoxification, 24-hour service, hospital inpatient</i>	24 hours per day medical acute care services in hospital setting for detoxification of persons with severe medical complications associated with withdrawal.	4-D and 3.7-D, medically managed or monitored inpatient detoxification
2	<i>Detoxification, 24 hour service, free-standing residential</i>	24 hours per day services in non-hospital setting providing for safe withdrawal and transition to ongoing treatment.	3.2 D, clinically managed residential detoxification or social detoxification
3	<i>Rehabilitation/residential - hospital (other than detoxification)</i>	24 hours per day medical care in a hospital facility in conjunction with treatment services for alcohol and other drug use and dependency.	4 and 3.7, medically managed or monitored intensive inpatient treatment
4	<i>Rehabilitation/residential - short term (30 days or fewer)</i>	Typically, 30 days or fewer of non-acute care in a setting with treatment services for alcohol and other drug use and dependency.	3.5, clinically managed high-intensity residential treatment, typically 30 days or less
5	<i>Rehabilitation/residential - long term (more than 30 days)</i>	Typically, more than 30 days of non-acute care in a setting with treatment services for alcohol and other drug use and dependency; may include transitional living arrangements such as halfway houses.	3.3 and 3.1, clinically managed medium- or low-intensity residential treatment, typically more than 30 days
6	<i>Ambulatory - intensive outpatient</i>	At a minimum, treatment lasting two or more hours per day for 3 or more days per week.	2.5, 20 or more hours per week
7	<i>Ambulatory - non-intensive outpatient</i>	Ambulatory treatment services including individual, family and/or group services; may include pharmacological therapies.	1, outpatient treatment, non-intensive
8	<i>Ambulatory - detoxification</i>	Outpatient treatment services providing for safe withdrawal in an ambulatory setting (pharmacological or non-pharmacological)	1-D and 2-D, ambulatory detoxification
72	<i>State psychiatric hospital</i>	All SMHA-funded and SMHA-operated organizations operated as hospitals that provide primarily inpatient care to persons with mental illnesses from a specific geographical area and/or statewide.	N/A

Code	Value	Description/Note	ASAM Level of Care
73	<i>SMHA funded/operated community-based program</i>	Include community mental health centers (CMHCs), outpatient clinics, partial care organizations, partial hospitalization programs, PACT programs, consumer run programs (including Club Houses and drop-in centers), and all community support programs (CSP).	N/A
74	<i>Residential treatment center</i>	An organization, not licensed as a psychiatric hospital, whose primary purpose is the provision of individually planned programs of mental health treatment services in conjunction with residential care for children and youth, and in some cases, adult care.	N/A
75	<i>Other psychiatric inpatient</i>	A private provider or medical provider licensed and/or contracted through the SMHA.	N/A
76	<i>Institutions under the justice system</i>	MH services provided in a jail, prison, juvenile detention center, etc.	N/A
77	<i>MH Assessment/Screening</i>	MH assessments, evaluation, or screening only	N/A
96	<i>Not applicable</i>	Use only for codependents or collateral clients (SA)	N/A

ASAM Level for Adult & Adolescent

ASAM Level	Adolescent	Adult	Note
0.5	Early Intervention	Early Intervention	Assessment and education for at-risk individuals who do not meet diagnostic criteria for substance use disorder.
1	Outpatient Services	Outpatient Services	Less than 9 hours of services/week (adult); less than 6 hours/week (adolescents) for recovery or motivational enhancement therapies/strategies
2.1	Intensive Outpatient Services	Intensive Outpatient Services	9 or more hours of services/week (adults); 6 or more hours/week (adolescents) to treat multidimensional instability
2.5.	Partial Hospitalization Services	Partial Hospitalization Services	20 or more hours of service/week for multidimensional instability not requiring 24-hour care
3.1	Clinically Managed Low-intensity Residential Services	N/A	24-hour structure with available trained personnel; at least 5 hours of clinical service/week
3.3	N/A	Clinically Managed Population-Specific High-Intensity Residential Services	24-hour care with trained counselors to stabilize multidimensional imminent danger; less intense milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community

ASAM Level	Adolescent	Adult	Note
3.5	Clinically Managed Medium-intensity Residential	Clinically Managed High-intensity Residential	24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment; able to tolerate and use full active milieu or therapeutic community
3.7	Medically Monitored High-intensity Inpatient	Medically Monitored Intensive Inpatient	24-hour nursing care with physician availability for significant problems in Dimensions 1, 2 or 3; sixteen hour/day counselor ability
4	Medically Managed Intensive Inpatient	Medically Managed Intensive Inpatient	24-hour nursing care and daily physician care for severe, unstable problems in Dimensions 1, 2 or 3; counseling available to engage patient in treatment

Guidelines

- Codes 1 through 8 of **Treatment Setting** must be used for an SUD record, coded as **A** (*Initial Admission for SUD Treatment*) or **T** (*Transfer in SUD Service*) in **Record Type**.
- Codes 72 through 77 in **Treatment Setting** must be used for an MH record, coded as **M** (*Initial Admission for MH Treatment*) or **X** (*Transfer in MH Service*).
- Not Applicable (96)** in this field should be used only for *Codependents or Collateral (1)* in the **Codependent/Collateral** data.

Validation Rules

- Field name: treatment_type
- Field type: key field
 - Any errors associated with this field result in a *fatal error* and the record will fail to be processed as a valid record.
 - If this field is **Null**, the **Validation Result** indicates a *fatal error due to a missing value*.
- Field format: one (1) or two (2) digit numeric character
- Acceptable value: **1 - 8, 72 - 77 or 96**
 - If the value of this field is other than one of the one of the assigned values (: **1 - 8, 72 - 77 or 96**), the **Validation Result** indicates a *fatal error due to an invalid value*.
- Related field: **Record Type, Codependent/Collateral**
 - An SUD record, **A** or **T** in the **Record Type**, must have an associated SUD **Treatment Setting** codes (**1 - 8**) or **96 (Not Applicable)**. If the value of the **Treatment Setting** is a code assigned for an MH treatment (**72 - 77**) when the **Record Type** is **A** or **T**, the **Validation Result** indicates a *fatal error due to a data inconsistency*.
 - An MH record, **M** or **X** in the **Record Type**, must have an associated MH **Treatment Setting** codes (**72 - 77**). If the value of the **Treatment Setting** is a code assigned for an SUD treatment (**1 - 8**) or **96 (Not Applicable)** when the **Record Type** is **M** or **X**, the **Validation Result** indicates a *fatal error due to a data inconsistency*.
 - If the value of this field is **96 (Not Applicable)** while the **Codependent/Collateral** indicates **2 (Client)**, the **Validation Result** indicates a *fatal error due to a data inconsistency*.

4.2.6 Discharge Date

This field indicates the date when the client/consumer was formally discharged from the treatment facility, service or program.

Guidelines

- For SUD clients, a treatment episode may be assumed to have ended if the client has not received a treatment service in 3 days in the case of inpatient or residential treatment, or 30 days in the case of outpatient treatment.
- For MH clients, the episode needs to be terminated if the client has not received a treatment service for 180 days per *DBH Policy 525.2, Discharge of Adult Consumers from a CSA*.
- The [Discharge Date](#) field should remain *Null* for a treatment episode that did not end during the reporting period.

Validation Rules

- Field name: `discharge_date`
- Field type: key field
 - Any errors associated with this field result in a *fatal error* and the record will fail to be processed as a valid record.
- Field format: Date (*MM/DD/YYYY* or *YYYY-MM-DD*)
 - If this field contains a value that is not recognized as a data format when the value is present, the [Validation Result](#) indicates a *fatal error due to wrong format*.
- Acceptable value: a valid date equal to or greater than January 1, 1920
 - If the value of this field is not a valid calendar date (e.g., February 30), [Validation Result](#) indicates a *fatal error due to an invalid value*.
 - If the value of this field is before *1/1/1920*, the [Validation Result](#) indicates a *fatal error due to an invalid value*.
- Related field: [Admission Date](#), [Reporting Period End Date](#), [Date of Last Contact or Data Update](#), [Discharge Reason](#)
 - The [Discharge Date](#) may be the same as the [Admission Date](#) but cannot be earlier. If the [Discharge Date](#) is earlier than the [Admission Date](#), the [Validation Result](#) indicates a *fatal error due to a data inconsistency*.
 - The [Discharge Date](#) may be the same as the [Reporting Period End Date](#) but cannot be later. If the [Discharge Date](#) is later than the [Reporting Period End Date](#), the [Validation Result](#) indicates a *fatal error due to a data inconsistency*.
 - The [Discharge Date](#) may be the same as the [Date of Last Contact or Data Update](#) but cannot be earlier. If the [Discharge Date](#) is earlier than the [Date of Last Contact or Data Update](#), the [Validation Result](#) indicates a *fatal error due to a data inconsistency*.
 - The [Discharge Date](#) must be present if the [Discharge Reason](#) field has a valid value. If the [Discharge Date](#) is *Null* while the [Discharge Reason](#) field has a valid value, the [Validation Result](#) indicates a *fatal error due to a data inconsistency*.

4.2.7 Date of Last Contact or Data Update

This field indicates the date of a client's last treatment service for a discharge record or the most recent date when the data was updated if the treatment service has not ended yet. For a discharge record, the [Date of Last Contact](#) more accurately reflects the length of time the client is engaged in treatment.

Guidelines

- For an active record with no [Discharge Date](#), [Date of Last Contact](#) or [Data Update](#) may be the same as [Admission Date](#) but cannot be earlier.
- For a record with a [Discharge Date](#), [Date of Last Contact](#) may be the same as [Discharge Date](#) or earlier than [Discharge Date](#).

Validation Rules

- Field name: last_contact_date
- Field type: key field
 - Any errors associated with this field result in a *fatal error* and the record will fail to be processed as a valid record.
 - If this field is *Null*, the [Validation Result](#) indicates a *fatal error due to a missing value*.
- Field format: Date ([MM/DD/YYYY](#) or [YYYY-MM-DD](#))
 - If this field contains a value that is not recognized as a data format, the [Validation Result](#) indicates a *fatal error due to wrong format*.
- Acceptable value: a valid date
 - If the value of this field is not a valid calendar date (e.g., February 30), [Validation Result](#) indicates a *fatal error due to an invalid value*.
- Related field: [Admission Date](#), [Discharge Reason](#)
 - The [Date of Last Contact](#) or [Data Update](#) may be the same as the [Admission Date](#) but cannot be earlier. If the [Date of Last Contact](#) or [Data Update](#) is earlier than the [Admission Date](#), the [Validation Result](#) indicates a *fatal error due to a data inconsistency*.
 - The [Date of Last Contact](#) or [Data Update](#) may be the same as the [Discharge Date](#) but cannot be later. If the [Date of Last Contact](#) or [Data Update](#) is later than the [Discharge Date](#), the [Validation Result](#) indicates a *fatal error due to a data inconsistency*.

4.3 Client Demographics

4.3.1 Summary

This section contains the basic demographic information of every client/consumer known to the respective provider. Values in these data fields should be consistent for the same client that may have more than one episode in the same dataset. Each record will have a unique identifier [Client ID](#) generated by the provider's EHR system and no client with a [Client ID](#) will be accepted as a client record.

Table 10. Data Fields for Client Demographics

Field Name	Field Description	Type	Format	Length
client_ID	Client ID	Key	alphanumeric	15
first_name	First Name	R	string	50
middle_name	Middle Name	O	string	50
last_name	Last Name	R	string	50
suffix	Suffix	O	string	20

Field Name	Field Description	Type	Format	Length
first_name_alt	Alternate First Name (Alias)	O	string	50
last_name_alt	Alternate Last Name	O	string	50
ssn	Social Security Number	O	numeric	9
medicaid_id	Medicaid ID	O	numeric	8
dob	Date of Birth	R	Date	N/A
gender	Gender	R	numeric	2
sexual_orientation	Sexual Orientation	O	numeric	2
race	Race	R	numeric	2
ethnicity	Hispanic or Latino Origin (Ethnicity)	R	numeric	2
primary_language	Primary Language	R	numeric	2

4.3.2 Name Fields

This is the name of the client/consumer or codependent/collateral.

Guidelines

- The [First Name](#), [Middle Name](#), [Last Name](#) and [Suffix](#) should be reported in separate data fields.
- The [First Name](#) and [Last Name](#) fields are required while the [Middle Name](#) and [Suffix](#) fields are optional.
- Names should be spelled exactly how the clients identify or how they are spelled in their identification cards. If they do not match, use the [First Name](#) and [Last Name](#) fields for the legal name in an official document while adding the different name in the [Alternate First Name](#) and [Alternate Last Name](#) fields, which can be used to document an alias, nickname or previously used name.
- If the client's name is not identified at the time of admission, please use *John Doe*, *Jane Doe*, *Unknown* or any nickname indicated or used by the client or a clinician.

Validation Rules for First Name and Last Name

- The [First Name](#) and [Last Name](#) are separate data fields but share the same validation rules.
- Field name: first_name, last_name
- Field type: required
 - If this field is *Null*, the [Validation Result](#) indicates a *critical error due to a missing value*.
- Recommended field format and length: 50 or fewer alphabet characters, including a hyphen (-), apostrophe ('), or a single space between characters.
- Acceptable value: letters in upper case, lower case, or a mix, including special characters.

Validation Rules for Middle Name

- Field name: middle_name
- Field type: optional
 - This field can remain *Null*.
- Recommended field format and length: 50 or fewer alphabet characters, including a hyphen (-), apostrophe ('), or a single space between characters.
- Acceptable value: letters in upper case, lower case, or a mix, including special characters.

Validation Rules for Suffix

- Field name: suffix
- Field type: optional
 - This field can remain *Null*.
- Recommended field format and length: 10 or fewer alphabet characters, including a hyphen (-), apostrophe ('), or a single space between characters.
- Acceptable value: letters in upper case, lower case, or a mix, including special characters.

4.3.3 Alternate Name Fields (Alternate First Name & Alternate Last Name)

The [Alternate First Name](#) and [Alternate Last Name](#) fields can be used to document an alias, nickname or previously-used name different from the legal name.

Guidelines

- The [Alternate First Name](#) and [Alternate Last Name](#) should be reported in separate data fields.

Validation Rules

- The [Alternate First Name](#) and [Alternate Last Name](#) are separate data fields but share the same validation rules.
- Field name: first_name_alt, last_name_alt
- Field type: optional
 - This field can remain *Null*,
- Recommended field format and length: 50 or fewer alphabet characters, including a hyphen (-), apostrophe ('), or a single space between characters.
- Acceptable value: letters in upper case, lower case, or a mix, including special characters.

4.3.4 Social Security Number (SSN)

This is a 9-digit number as assigned by the Social Security Administration (SSA) that identifies a client. SSN will be used to identify and map the client record with other datasets. It will also de-duplicate clients by identifying clients who may share the same name. It is recommended that SSN is collected and reported for all clients when possible but is not a required field for BHSD.

Guidelines

- If SSN is not available, this field should remain *Null*.
- It must be a valid SSN as defined by SSA when the value is present.

Validation Rules

- Field name: ssn
- Field type: optional
 - This field can remain *Null*.
 - Any errors associated with this field when the value is present will result in a *warning*.
- Field format and length: Nine (9) digit numeric field, including a leading zero(s) and excluding a hyphen (-)
 - If this field contains an invalid character (other than a numeric character of 0 - 9) in any position, the [Validation Result](#) indicates a *warning due to wrong format*.

- If the value is shorter than or longer than 9 characters, the **Validation Result** indicates a *warning due to an invalid field length*.
- Acceptable value: a valid SSN number. Any value meeting the below criteria will result in a *warning due to an invalid value*.
 - All digits of the same number (e.g., 000000000 or 999999999)
 - 9 sequential ascending or descending numbers (e.g., 123456789 or 987654321)
 - The first number is 9
 - The first 3 numbers are '000' or '666'
 - The last 4 numbers are '0000'
 - The 5th and 6th numbers from the right are '00'

4.3.5 Medicaid ID

An 8-digit number as assigned by the DC Medicaid eligibility system for clients who are eligible for Medicaid, Alliance of ICP.

Guidelines

- When it's present, it should have a valid Medicaid IDs.
- A valid Medicaid ID is an 8-digit number starting with 7.

Validation Rules

- Field name: medicaid_id
- Field type: optional
 - This field can remain *Null*.
 - Any errors associated with this field when the value is present will result in a *warning*.
- Field format and length: Eight (8) digit numeric field
 - If this field contains an invalid character (other than a numeric character of 0 - 9) in any position, the **Validation Result** indicates a *warning due to wrong format*.
 - If the value is shorter than or longer than 8 characters, the **Validation Result** indicates a *warning due to an invalid field length*.
- Acceptable value: a valid Medicaid number. Any value meeting the below criteria will result in a *warning due to an invalid value*.
 - All digits are zeros (i.e., 00000000)
 - A value that does not start with 7 (e.g., 23468756, 69812356)

4.3.6 Date of Birth

This field will be used to calculate the age of the client at admission. This is a required field for all datasets.

Guidelines

- If the client's Data of Birth is unknown at the time of reporting, use *code 01/01/0009* for Unknown.

Validation Rules

- Field name: dob
- Field type: required

- Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
 - If this field is *Null*, the *Validation Result* indicates a *critical error due to a missing value*.
- Field format: Date (*MM/DD/YYYY* or *YYYY-MM-DD*)
 - If this field contains a value that is not recognized as a data format, the *Validation Result* indicates a *fatal error due to wrong format*.
- Acceptable value: a valid calendar date or *01/01/0009* for unknown or a calculated age of <=150 years at time of admission
 - If the value of this field is not a valid calendar date (*e.g., February 30*), the *Validation Result* indicates a *critical error due to an invalid value*.
 - If the *Date of Birth* is a valid value but gives a calculated age of > 150 years at the time of admission, the *Validation Result* will display a *critical error due to an invalid value*.
- Related field: *Admission Date, Age at First Use (Primary, Secondary, and Tertiary)*
 - If the *Date of Birth* is later than the current date or *Admission Date*, the *Validation Result* indicates a *critical error due to a data inconsistency*.
 - *Date of Birth* is used to calculate the age at admission, which must be equal to or greater than *Age at First Use (Primary, Secondary, and Tertiary)*. If not, the *Validation Result* indicates a *warning due to a data inconsistency* in the respective *Age at First Use* field while the *Date of Birth* will remain valid unless it violates any other rules.

4.3.7 Gender

This field identifies the client's self-identified gender.

Code	Value	Description/Note
1	Male	Identifies as male person
2	Female	Identifies as female person
3	Female-to-Male	Transgender Male
4	Male-to-Female	Transgender Female
5	Transgender, Not Specified	
6	Non-conforming Gender	Genderqueer; Identifies as neither exclusively male nor female, non-binary gender
95	Prefer Not to Disclose	The client refused to disclose
97	Unknown	Individual client value is unknown
98	Not Collected	Provider does not collect this information at all

Guidelines

- If data on transgender clients is collected, use the corresponding code. If not and your system collects information on only biological sex, use codes 1-2.

Validation Rules

- Field name: gender
- Field type: required
 - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.

- If this field is *Null*, the **Validation Result** indicates a *critical error due to a missing value*.
- Field format: one (1) or two (2) digit numeric character
- Acceptable value: *1,2,3,4,5,6, 95, 97 or 98*
 - If this field contains an invalid value (other than *1,2,3,4,5,6, 95, 97 or 98*), the **Validation Result** indicates a *critical error due to an invalid value*.
- Related field: **Pregnant at Admission**
 - If the **Gender** is *Male (1)*, then the **Pregnant at Admission** must be *Not Applicable (96)*. Otherwise, the **Validation Result** of **Pregnant at Admission** data field indicates a *warning due to a data inconsistency* while the **Gender** will remain valid unless it violates any other rules.

4.3.8 Sexual Orientation

This field indicates sexual orientation as stated by a client.

Code	Value	Description/Note
<i>1</i>	<i>Lesbian, gay or homosexual</i>	A person attracted to members of the same gender.
<i>2</i>	<i>Straight or heterosexual</i>	A person attracted to members of the opposite gender.
<i>3</i>	<i>Bisexual</i>	A person attracted to more than one sex/gender.
<i>4</i>	<i>Something else</i>	
<i>95</i>	<i>Prefer Not to Disclose</i>	Information is not provided
<i>97</i>	<i>Unknown</i>	Individual client value is unknown
<i>98</i>	<i>Not Collected</i>	Provider does not collect this information at all

Guidelines

- Do not collect for children under age 10 and report *Prefer Not to Disclose (95)*.

Validation Rules

- Field name: sexual_orientation
- Field type: optional
 - This field can remain *Null*.
 - Any errors associated with this field, when a value is present, will result in a *warning*.
- Field format: one (1) or two (2) digit numeric character
- Acceptable value: *1,2,3,4,5,6, 95, 97 or 98*
 - If this field contains an invalid value (other than *1,2,3,4,5,6, 95, 97 or 98*), the **Validation Result** indicates a *warning due to an invalid value*.

4.3.9 Race

This field identifies the client's race. This is a required field for all datasets.

Code	Value	Description/Note
<i>1</i>	<i>Alaskan native (Aleut, Eskimo)</i>	A person having origins in any of the original peoples of Alaska. This category may be reported if available.

Code	Value	Description/Note
2	<i>American Indian/Alaska native</i>	A person having origins in any of the original peoples of North America and South America (including Central America and the original peoples of Alaska) and who maintains tribal affiliation or community attachment. States collecting Alaska Native should use this category for all other American Indians.
3	<i>Asian or pacific islander</i>	A person having origins in any of the original peoples of the Far East, the Indian subcontinent, Southeast Asia, or the Pacific Islands. This category may be used only if a state does not collect Asian and Native Hawaiian or Other Pacific Islander separately.
4	<i>Black or African American</i>	A person having origins in any of the black racial groups of Africa.
5	<i>White</i>	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
13	<i>Asian</i>	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
20	<i>Other single race</i>	Use this category for instances in which the client is not identified in any category above or whose origin group, because of area custom, is regarded as a racial class distinct from the above categories.
21	<i>Two or more races</i>	Use this code when the state data system allows multiple race selection and more than one race is indicated.
23	<i>Native Hawaiian or other pacific islander</i>	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
97	<i>Unknown</i>	Individual client value is unknown.
98	<i>Not collected</i>	Provider does not collect this field.

Guidelines

- If the provider's system includes *Hispanic or Latino* as a selection category in the *Race* field, all reported Hispanic or Latino should be coded as *97 (Unknown)* for their *Race* while their *Hispanic or Latino Origin (Ethnicity)* value should correspondingly be coded as *6 (Hispanic or Latino), origin not specified*.

Validation Rules

- Field name: race
- Field type: required
 - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
 - If this field is *Null*, the *Validation Result* indicates a *critical error due to a missing value*.
- Field format: one (1) or two (2) digit numeric character
- Acceptable value: *1,2,3,4,5,13,20,21,23, 97 or 98*
 - If this field contains an invalid value (other than *1,2,3,4,5,13,20,21,23, 97 or 98*), the *Validation Result* indicates a *critical error due to an invalid value*.

4.3.10 Ethnicity

This field identifies the Hispanic or Latino origin the client associates with (e.g., Mexican, Puerto Rican, Cuban, Central American, or South American, or other Spanish origin or descent, regardless of race). Hispanic denotes a place of origin or cultural affiliation rather than a race (i.e., a person can be both white and Hispanic or black and Hispanic and so on).

Code	Value	Description/Note
1	<i>Puerto Rican</i>	A person from Puerto Rican descent
2	<i>Mexican</i>	A person from Mexican or South American descent.
3	<i>Cuban</i>	A person from Cuban descent.
4	<i>Other specific Hispanic or Latino</i>	A person of Cuban, Mexican, Puerto Rican, South or Central or other Spanish origin.
5	<i>Not of Hispanic or Latino origin</i>	
6	<i>Hispanic or Latino, Not Specified</i>	Specific origin not specified
97	<i>Unknown</i>	Individual client value is unknown
98	<i>Not collected</i>	Provider does not collect this information at all

Guidelines

- If a provider collects Hispanic or Latino origin as "Yes/No," use *6 (Hispanic or Latino, Not Specified)* for a "Yes" response.
- If a provider collects Hispanic or Latino origin as a "Race" category, then *Hispanic or Latino Origin (Ethnicity)* should be coded as *6 (Hispanic or Latino, Not Specified)* and *Race* should be coded as *97 (Unknown)*.

Validation Rules

- Field name: ethnicity
- Field type: required
 - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
 - If this field is *Null*, the *Validation Result* indicates a *critical error due to a missing value*.
- Field format: one (1) or two (2) digit numeric character
- Acceptable value: *1,2,3,4,5,6, 97 or 98*
 - If this field contains an invalid value (other than *1,2,3,4,5,6, 97 or 98*), the *Validation Result* indicates a *critical error due to an invalid value*.

4.3.11 Primary Language

This field indicates the primary speaking language of the client as used in the home.

Code	Value	Description/Note
1	<i>English</i>	
2	<i>Amharic</i>	
3	<i>Arabic</i>	
4	<i>Chinese</i>	Mandarin, Cantonese or other dialect

Code	Value	Description/Note
5	French	
6	German	
7	Hebrew	
8	Hindi	
9	Italian	
10	Korean	
11	Spanish	
12	Tagalog	National language of the Philippines
13	Urdu	Official language of Pakistan
14	Vietnamese	
95	Other	Any other language specified but not listed above
97	Unknown	Individual client value is unknown
98	Not collected	Provider does not collect this information at all

Validation Rules

- Field name: primary_language
- Field type: required
 - Any errors associated with this field result in a **critical error** and the record will fail to be processed as a valid record.
 - If this field is **Null**, the **Validation Result** indicates a **critical error due to a missing value**.
- Field format: one (1) or two (2) digit numeric character(s)
- Acceptable value: 1 - 14, 95, 97 or 98
 - If this field contains an invalid value (other than 1 - 14, 95, 97 or 98), the **Validation Result** indicates a **critical error due to an invalid value**.

4.4 Service Episode

4.4.1 Summary and Data Fields

This section includes data fields related to a treatment service period, defined as an episode, from admission (initial admission or transfer) to discharge, in which a client/consumer is served in the same treatment setting by the same provider agency. Some data fields in this section are key fields and their requirements and rules are described in the key field section above.

Table 11. Data Fields for Service Episode

Field Name	Field Description	Type	Format	Length
admission_id	Admission ID (Episode ID)	O	alphanumeric	15
admission_date	Admission Date	Key	Date	N/A
treatment_type	Treatment Setting/Type (Level of Care)	Key	numeric	2
discharge_date	Discharge Date	N/A	Date	N/A
last_contact_date	Date of Last Contact or Data Update	Key	Date	N/A

Field Name	Field Description	Type	Format	Length
discharge_reason	Discharge Reason	R (Cond)	numeric	2
service_request_date	Date of First Contact or Request for Service	O	Date	N/A
num_of_prior_su_episodes	Number of Prior SUD Treatment Episodes	R	numeric	2
referral_source	Referral Source	R	numeric	2
criminal_justice_referral	Detailed Criminal Justice Referral	O	numeric	2
primary_payment_source	Primary Payment Source (Expected or Actual)	O	numeric	2
health_insurance	Health Insurance	O	numeric	2

4.4.2 Admission ID (Episode ID)

A provider's system may have a unique identifier for a single service admission, generated for each initial admission or a transfer as defined in 3.2.2 Admission Type: Initial Admission vs. Transfer. A client may have multiple service admission records during the same reporting period and each admission will have a different admission ID.

Guidelines

- Some EHR systems may have multiple episodes linked with one admission. If the definition of admission in your EHR system is the same as the definition of admission in BHSD, report a unique identifier for the admission record in this field. If the definition of an episode in your EHR system is the same as the definition of admission in BHSD, report a unique identifier for the episode as [Admission ID](#). If neither admission nor episode defined in your EHR system is the same as the definition of an admission in BHSD, or your system doesn't have a system-generated unique identifier, you may skip this field.

Validation Rules

- Field name: admission_id
- Field type: optional
 - This field can remain *Null*.
 - Any errors associated with this field, when a value is present, will result in a *warning*.
- Field format and length: 15 or less alphanumeric characters
 - If this field contains an invalid character (other than a numeric character of 0 - 9) in any position, the [Validation Result](#) indicates a *warning due to wrong format*.
 - If the value is shorter than or longer than 15 characters, the [Validation Result](#) indicates a *warning due to an invalid field length*.
- Acceptable value: numbers, letters, or a combination of numbers and letters.
- Related field: [Admission ID](#) of other records within the same dataset
 - If the same value is used for more than one record within the dataset, the [Validation Result](#) indicates a *warning due to a data inconsistency* in all related records.

4.4.3 Discharge Reason (Service Episode End Reason)

This field indicates the outcome of the treatment episode/event or the reason for transfer or discontinuance of treatment.

Code	Value	Description
1	<i>Treatment Completed</i>	Treatment completed
2	<i>Dropout, Reason Not Specified</i>	Dropout – Client chose not to complete treatment program, including lost contact, left against medical advice (AMA), and failed to return from leave (elopement/AWOL). Use this if the specific reason for dropout is not tracked or identifiable.
3	<i>Terminated by Facility</i>	Terminated by facility (generally due to client's con-compliance with treatment or violation of rules and policies)
4	<i>Transferred Successfully</i>	Transferred to another treatment program or facility for a continuation of treatment successfully
5	<i>Incarcerated</i>	Incarcerated or released by or to courts
6	<i>Death by Suicide</i>	Death by Suicide
7	<i>Death Not by Suicide</i>	Death NOT by suicide
8	<i>Dropout - AMA</i>	Client left the treatment program against medical advice (AMA)
9	<i>Dropout - Lost to Contact</i>	Client who has received outpatient services and the provider agency is unable to contact.
10	<i>Administrative Closure</i>	No client activity >= 180 days. Primarily used for opened service episodes with no activity for a prolonged time period.
11	<i>Dropout - AWOL or Elopement</i>	Absent Without Official Leave (AWOL) or Elopement - Client failed to return from leave
12	<i>Aging Out</i>	Children aging out from MH programs for children
13	<i>Change of Residence</i>	Moved out of the District and is no longer eligible for services
14	<i>Transferred but No Show</i>	Transferred to another treatment program or facility, but client did not report for treatment.
15	<i>Transferred but Not Reportable</i>	Transferred to another treatment program or facility that is not in the SSA or SMHA reporting system for example, client is transferred to a Medicaid facility that is not mandated to report client data to the state substance abuse/behavioral health agency. The receiving facility is outside the purview of the Substance Use Agency (SSA) or State Mental Health Agencies (SMHA).
16	<i>Incarcerated</i>	Incarcerated or released by or to courts
17	<i>Discharged from SEH for Acute Care</i>	Discharged from the state hospital (St. Elizabeths Hospital) to an acute medical facility for medical services
18	<i>Conditional Release</i>	Individual, who was committed to the state hospital (St. Elizabeths Hospital) after acquittal by reason of insanity, has been released to an outpatient treatment program by a court order
95	<i>Other</i>	All other reasons
97	<i>Unknown</i>	Individual client value is unknown
98	<i>Not Collected</i>	Provider does not collect this information at all

Guidelines

- The **Discharge Reason** must be documented and stored in a structure data format in the EHR system.

- The **Discharge Reason** must be provided for any record with a valid **Discharge Date** identified.

Validation Rules

- Field name: discharge_reason
- Field type: conditionally required
 - Any errors associated with this field result in a **critical error** and the record will fail to be processed as a valid record.
 - If this field is **Null** while **Discharge Date** has a valid value, the **Validation Result** indicates a **critical error due to a missing value**.
- Field format and length: one (1) or two (2) digit numeric character(s)
- Acceptable value: **1 - 18, 95, 97 or 98**
 - If the value of this field is other than one of the one of the assigned values (**1 - 18, 95, 97 or 98**), the **Validation Result** indicates a **fatal error due to an invalid value**.
- Related field: **Discharge Date** (this validation rule will run in the **Discharge Date** field.)
 - If the **Discharge Reason** field has a valid value while the **Discharge Date** is **Null**, the **Validation Result** of the **Discharge Date** indicates a **fatal error due to a data inconsistency**.

4.4.4 Date of First Contact or Request for Service

This is the date when the client (or collateral) made the first contact to request for an **SUD** or MH treatment service. Some providers may call it intake date. This is to calculate the number of days a client waited to enter a treatment service.

Validation Rules

- Field name: service_request_date
- Field type: optional
 - This field can remain **Null**.
 - Any errors associated with this field, when a value is present, will result in a **warning**.
- Field format: Date (**MM/DD/YYYY** or **YYYY-MM-DD**)
 - If this field contains a value that is not recognized as a data format, the **Validation Result** indicates a **warning due to wrong format**.
- Acceptable value: a valid date
 - If the value of this field is not a valid calendar date (e.g., February 30), **Validation Result** indicates a **warning due to an invalid value**.
- Related field: **Admission Date**
 - The **Date of First Contact or Request for Service** may be the same as the **Admission Date** but cannot be later. If the **Date of First Contact or Request for Service** is later than the **Admission Date**, the **Validation Result** indicates a **warning due to a data inconsistency**.

4.4.5 Number of Prior SUD Treatment Episodes

This field indicates the number of previous treatment episodes the client has received in any substance use treatment program.

Code	Value	Description/Note
0	No previous episodes	
1	1 previous episode	
2	2 previous episodes	
3	3 previous episodes	
4	4 previous episodes	
5	5 previous episodes	
6	6 previous episodes	
7	7 previous episodes	
8	8 previous episodes	
9	9 previous episodes	
10	10 ore more previous episodes	
97	Unknown	Individual client value is unknown
98	Not Collected	Provider does not collect this information at all

Guidelines

- For an SUD provider, this field may be self-reported by the client at the time of intake, or it may be derived from the provider's EHR system.
- For an MH provider, this field measures the substance use treatment history of the client only. This does not include or pertain to the client's MH treatment history but SUD treatment episodes only. Report the number if known.
- If this information is not collected, indicate 98 (Not Collected).

Validation Rules

- Field name: num_of_prior_su_episodes
- Field type: required
 - Any errors associated with this field result in a critical error and the record will fail to be processed as a valid record.
 - If this field is Null, the Validation Result indicates a critical error due to a missing value.
- Field format and length: one (1) or two (2) digit numeric character(s)
- Acceptable value: 0 - 10, 97 or 98
 - If the value of this field is other than one of the one of the assigned values (0 - 10, 97 or 98), the Validation Result indicates a critical error due to an invalid value.

4.4.6 Referral Source

This field describes the person or agency referring the client to treatment.

Code	Value	Description/Note
1	Individual, including Self-Referral	Includes the client, a family member, friend, or any other individual who would not be included in any of the following categories; includes self-referral due to pending DWI/DUI.

Code	Value	Description/Note
2	<i>Alcohol/drug abuse care provider</i>	Any program, clinic, or other health care provider whose principal objective is treating clients with substance use diagnosis, or a program whose activities are related to alcohol or other drug use prevention, education, or treatment.
3	<i>Other health care provider</i>	A physician, psychiatrist, or other licensed health care professional; or general hospital, psychiatric hospital, mental health program, or nursing home.
4	<i>School (Educational)</i>	A school principal, counselor, or teacher; or a student assistance program (SAP), the school system, or an educational agency.
5	<i>Employer/Employee Assistance Program (EAP)</i>	A supervisor or an employee counselor.
6	<i>Other community referral</i>	Community or religious organization or any federal, state, or local agency providing aid in the areas of poverty relief, shelter, unemployment or social welfare. This category also includes defense attorneys and self-help groups such as Alcoholics Anonymous (AA), Al-Anon, and Narcotics Anonymous (NA).
7	<i>Court/criminal justice referral/DUI/DWI</i>	Any police official, judge, prosecutor, probation officer or other person affiliated with a federal, state, or county judicial system. Includes referral by a court for DWI/DUI, clients referred in lieu of or for deferred prosecution, or during pre-trial release, or before or after official adjudication. Includes clients on pre-parole, pre-release, work or home furlough or TASC. Client need not be officially designated as "on parole." Includes clients referred through civil commitment. Clients in this category are further defined in Detailed Criminal Justice Referral.
97	<i>Unknown</i>	Individual client value is unknown
98	<i>Not Collected</i>	Provider does not collect this information at all

Validation Rules

- Field name: referral_source
- Field type: required
 - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
 - If this field is *Null*, the *Validation Result* indicates a *critical error due to a missing value*.
- Field format: one (1) or two (2) digit numeric character
- Acceptable value: 1, 2, 3, 4, 5, 6, 7, 97 or 98
 - If this field contains an invalid value (other than 1, 2, 3, 4, 5, 6, 7, 97 or 98), the *Validation Result* indicates a *critical error due to an invalid value*.
- Related field: Detailed Criminal Justice Referral (The below data validation rules will be applied to the Detailed Criminal Justice Referral field, NOT in the Referral Source)
 - If Referral Source has a valid value other than 7 (*Criminal Justice Referral*), the Detailed Criminal Justice Referral should be *Not Applicable (96)* or remain *Null*. Otherwise, the *Validation Result* of the Detailed Criminal Justice Referral indicates a *warning due to a data inconsistency*.

4.4.7 Detailed Criminal Justice Referral

This field provides more detailed information about those clients who are coded as *Criminal Justice Referral (7)* in Referral Source.

Code	Value	Description/Note
1	State/Federal Court	
2	Other Court	Court other than state or federal court
3	Probation/Parole	
4	Other Recognized Legal Entity	
5	Diversionary Program	
6	Prison	
7	DUI/DWI	
8	Other	
96	Not Applicable	
97	Unknown	Individual client value is unknown
98	Not Collected	Provider does not collect this information at all

Guidelines

- If no further information is available when Referral Source is 7 (*Criminal justice referral*), this field should either be *Null*, 97 (*Unknown*) or 98 (*Not Collected*).
- This field should have a valid value when Referral Source is 7 (*Criminal justice referral*). Code 96 (*Not Applicable*) must be used if Referral Source is other than 7 (*Criminal justice referral*).

Validation Rules

- Field name: criminal_justice_referral
- Field type: optional
 - This field can remain *Null*.
 - Any errors associated with this field, when a value is present, will result in a *warning*.
- Field format: one (1) or two (2) digit numeric character
- Acceptable value: 1 - 8 or 96 - 98
 - If this field contains an invalid value (other than 1 - 8 or 96 - 98), the Validation Result indicates a *warning due to an invalid value*.
- Related field: Referral Source
 - If Referral Source is not 7 (*Criminal Justice Referral*), this field should be 96 (*Not Applicable*) or remain *Null*. If this field is not *Null* and the value is other than 96 (*Not Applicable*) while Referral Source is not 7 (*Criminal Justice Referral*), Validation Result indicates a *warning due to a data inconsistency*.
 - If this field is 96 (*Not Applicable*) while Referral Source is *Criminal Justice Referral (7)*, Validation Result indicates a *warning due to a data inconsistency*.

4.4.8 Primary Payment Source

This field identifies the primary source of payment for this treatment episode anticipated at the time of admission. If the information changes during the treatment and the actual primary payment source is identified later or at the time of discharge, the updated information should be provided.

Code	Value	Description/Note
1	Self-pay	
2	Medicare	
3	Medicaid	
4	Tricare	
5	Alliance/ICP	
6	Other government funding	
7	Worker's compensation	
8	Private health insurance companies	
9	No charge (free, charity, special research or teaching)	e.g., free, charity, special research or testing
97	Unknown	Individual client value is unknown. Use if the provider collects Medicare and Medicaid as a single category.
98	Not Collected	Provider does not collect this information at all.

Validation Rules

- Field name: primary_payment_source
- Field type: optional
 - This field can remain *Null*.
 - Any errors associated with this field, when a value is present, will result in a *warning*.
- Field format: one (1) or two (2) digit numeric character
- Acceptable value: 1 - 9, 97 or 98
 - If this field contains an invalid value (other than 1 - 9, 97 or 98), the *Validation Result* indicates a *warning due to an invalid value*.

4.4.9 Health Insurance

This field specifies the client's health insurance at admission and can be updated at discharge. The health insurance may or may not cover BH treatment, thus it may not be the same as the *Primary Payment Source*.

Code	Value	Description/Note
1	Private Insurance	Other than Blue Cross/Blue Shield or an HMO
2	Blue Cross/Blue Shield	
3	Medicare	
4	Medicaid	
5	Alliance or ICP	
6	HMO	
7	Tricare	

Code	Value	Description/Note
8	Other	
9	None	
97	Unknown	Individual client value is unknown. Use if the provider collects Medicare and Medicaid as a single category.
98	Not Collected	Provider does not collect this information at all.

Guidelines

- Providers are encouraged to report data for all categories in the list of valid entries.
- Health Insurance should be reported, if collected, whether or not it covers behavioral health treatment.

Validation Rules

- Field name: health_insurance
- Field type: optional
 - This field can remain *Null*.
 - Any errors associated with this field, when a value is present, will result in a *warning*.
- Field format: one (1) or two (2) digit numeric character
- Acceptable value: *1 - 9, 97 or 98*
 - If this field contains an invalid value (other than *1 - 9, 97 or 98*), the *Validation Result* indicates a *warning due to an invalid value*.

4.5 Client Address

4.5.1 Summary and Data Fields

This is the third data domain containing the client/consumer's physical residential address and the living arrangement information.

Table 12. Data Fields for Client Address

Field Name	Field Description	Type	Format	Length
living_arrangement	Living Arrangement	R	Numeric	2
address_line1	Address Line 1	O	String	50
address_line2	Address Line 2	O	String	50
address_ward	Ward	O	String	2
address_city	City	O	String	50
address_state	State	O	Alphabet	2
address_zipcode	Zip Code	O	String	10
phone1	Phone 1	O	String	12
phone2	Phone 2	O	String	12

Guidelines

- 1) The client's address of residency is most preferred.
- 2) If the address of residency is unavailable, use the client's mailing address. If the mailing address is unavailable, report any address elements available.
- 3) If the client is homeless or unable to provide an address, report at a minimum, report city and state of residency or mailing address. In the case of residence in a tent on a street, report the closest street name, city, state, or zip code (or the nearest by proximity), but do not report the provider agency as the closest proximity.
- 4) If the client stays at a facility, submit the facility address and indicate the type of the facility in the living arrangement field.

4.5.2 Living Arrangement

This field identifies whether the client is homeless, a dependent (living with parents or in a supervised setting) or living independently on his or her own. Living Arrangements needs to be collected at admission and at discharge to assess change.

Code	Value	Description/Note
1	<i>Homeless</i>	No fixed address, including shelters
2	<i>Dependent Living, Not Specified</i>	Clients living in a supervised setting, but not specified. Refer to Code 22-72 for sub-categories.
3	<i>Independent Living - Adult</i>	Adults or adolescents (≥ 18) living alone or with other independently, without supervision
4	<i>Institutional Setting</i>	Long-term care facility, nursing home, or hospital
5	<i>Justice System</i>	Jail, correctional facility, detention center, prison, or other institution under the justice system
6	<i>Dependent Living: Residential Care</i>	Individual resides in a residential care facility. This level of care may include a group home therapeutic group home, board and care, residential treatment, rehabilitation center, or agency-operated residential care facilities.
7	<i>Dependent Living: Foster Home/Foster Care</i>	Client resides in a foster home, including foster families and therapeutic foster care facilities.
8	<i>Dependent Living: Crisis Residence</i>	A time-limited residential (24 hours/day) stabilization program that delivers services for acute symptom reduction and restores clients to a pre-crisis level of functioning.
9	<i>Dependent Living: Institutional Setting</i>	Client resides in an institutional care facility providing care 24 hours/day, 7 days/week. May include skilled nursing/intermediate care facility, nursing homes, institute of mental disease (IMD), inpatient psychiatric hospital, psychiatric health facility, veterans' affairs hospital, state hospital, or Intermediate Care Facility/MR
10	<i>Dependent Living: Private Residence</i>	Adult clients living in a house, apartment, or other similar dwelling who are heavily dependent on others for daily living assistance
11	<i>Dependent Living with Caretaker</i>	Children (< 18) living with parents, or adults living with caretakers in their home.
12	<i>Foster Care in Family Setting</i>	Children living in a foster care family setting

Code	Value	Description/Note
13	<i>Foster Care Group Home</i>	Child placed in a foster care group home or a residential treatment facility
97	<i>Unknown</i>	Individual client value is unknown.
98	<i>Not collected</i>	Provider does not collect this information at all.

Guidelines

- If the provider collects a subset of the categories only, clients not fitting the subset should be coded as *98 (Not Collected)*. For example, if the provider collects only *Homeless (01)* information, clients who are not homeless should be coded as *98 (Not Collected)*.

Validation Rules

- Field name: living_arrangement
- Field type: required
 - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
 - If this field is *Null*, the *Validation Result* indicates a *critical error due to a missing value*.
- Field format: one (1) or two (2) digit numeric character
- Acceptable value: *1 - 13, 97 or 98*
 - If this field contains an invalid value (other than *1-13, 97 or 98*), the *Validation Result* indicates a *critical error due to an invalid value*.

4.5.3 Address Line 1 & 2

This field identifies the Client's physical residential address (i.e., where the Client lives).

Guidelines

- The *Address Line 1* is generally for the street address, including the civic number, street name and quadrant information, whereas *Address Line 2* is for the floor, suite, unit number, or other address designation that is not part of the physical address.

Validation Rules

- The *Address Line 1* and *Address Line 2* are separate data fields but share the same validation rules.
- Field name: address_line1, address_line2
- Field type: optional
 - This field can remain *Null*.
 - Any errors associated with this field when the value is present will result in a *warning*.
- Field format and length: a maximum of 50 alphanumeric or special characters in upper case, lower case, or a mix.
 - If the value is longer than 50 characters, the *Validation Result* indicates a *warning due to an invalid field length*.

4.5.4 Ward

The District of Columbia has eight (8) wards, each of which has an equitable population, determining elections and distribution of public services. It is recommended the providers serving primarily the

District's residents collect or identify the ward information of their clients, determined based on the address, whenever possible.

Code	Ward	Description/Note
1	Ward 1	
2	Ward 2	
3	Ward 3	
4	Ward 4	
5	Ward 5	
6	Ward 6	
7	Ward 7	
8	Ward 8	
96	Not Applicable	The state in the address is NOT DC.
97	Unknown	Individual client value is unknown.
98	Not collected	Provider does not collect this information at all.

Guidelines

- If the ward information is not available for any clients in the EHR system, indicate **98 (Not Collected)**. If the ward information is missing while the address is in DC, for certain clients, indicate **97 (Unknown)**. If the address is not in the District, use **96 (Not Applicable)**.

Validation Rules

- Field name: address_ward
- Field type: optional
 - This field can remain **Null**.
 - Any errors associated with this field when the value is present will result in a **warning**.
- Field format and length: a maximum of 2 numeric characters
- Acceptable value: **1 - 8** or **96 - 98**
 - If this field contains an invalid value (other than **1 - 8** or **96 - 98**) the **Validation Result** indicates a **warning due to an invalid value**.

4.5.5 City

This field identifies the city of the client's current residence.

Guidelines

- If the address of residency or mailing address is unavailable, report at a minimum, report city and state of residency or mailing address.
- For addresses from other countries, report the country name in this field if available.
- If neither City nor State information can be identified, use this field to indicate **Unknown**.

Validation Rules

- Field name: address_city
- Field type: required

- Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
 - If this field is *Null*, the *Validation Result* indicates a *critical error due to a missing value*.
- Field format and length: a maximum of 30 letters in upper case, lower case, or a mix.
 - If the value is longer than 30 characters, the *Validation Result* indicates a *critical error due to an invalid field length*.
 - If any of these fields includes a special character other than a hyphen (-), apostrophe ('), or a single space between characters in any of the name fields, the *Validation Result* will display a *warning due to an invalid value*.

4.5.6 State

This field indicates the US postal service standard two-letter abbreviation of the state where the client currently resides.

Guidelines

- If the address of residency or mailing address is unavailable, report at a minimum, report city and state of residency or mailing address.
- For addresses from other countries or unknown, report *OT*.

Validation Rules

- Field name: address_state
- Field type: Required
 - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
 - If this field is *Null*, the *Validation Result* indicates a *critical error due to a missing value*.
- Field format and length: two (2) letter state and territory abbreviations
 - If the value is shorter or longer than 2 characters, the *Validation Result* indicates a *critical error due to an invalid field length*.
 - If any of these fields includes other than one of the US state and territory abbreviations, the *Validation Result* will display a *critical error due to an invalid value*.

4.5.7 Zip Code

This field indicates the client's zip code of the area of residency.

Guidelines

- Provide the zip code of the address included in the record, in 5-digit or 10 characters including a hyphen (-) and a leading zero (e.g., 20002 or 01701-3320).

Validation Rules

- Field name: address_zipcode
- Field type: optional
 - This field can remain *Null*.
 - Any errors associated with this field when the value is present will result in a *warning*.
- Field format and length: either 5 or 10 numeric characters, including a hyphen (-) and a leading zero (e.g., 20002 or 01701-3320)

- If this field contains an invalid character other than numeric character of **0 - 9** or a hyphen (-) in any position, the **Validation Result** indicates a *warning due to an invalid value*.
 - If the value is not equal to 5 characters or 10 characters, the **Validation Result** indicates a *warning due to an invalid field length*.
- Acceptable value: a valid zip code. Any value meeting the below criteria will result in a *warning due to an invalid value*.
 - The first 2 numbers are '00'.
 - The 6th character is not a hyphen (-) when the 6th character is present.

4.5.8 Phone 1 & 2

This field captures (a) phone number(s) of a client, which will be used for data match.

Guidelines

- Provide up to two two phone numbers, if available, in 10 numeric characters, without any special characters, such as a hyphen (-) or parentheses.

Validation Rules

- The **Phone 1** and **Phone 2** are separate data fields but share the same validation rules.
- Field name: phone1, phone2
- Field type: optional
 - This field can remain *Null*.
 - Any errors associated with this field when the value is present will result in a *warning*.
- Field format and length: 10 numeric characters without any special characters, such as a hyphen (-) or parentheses. (e.g., 2024424202)
 - If the value is shorter or longer than 10 characters, the **Validation Result** indicates a *warning due to an invalid field length*.
 - If this field contains an invalid character other than a numeric character of **0 - 9**, the **Validation Result** indicates a *warning due to an invalid value*.
- Acceptable value: a valid phone number. Any value meeting the below criteria will result in a *warning due to an invalid value*.
 - The first number is '0'.

4.6 Client Profile

4.6.1 Summary and Data Fields

This section includes data fields to capture additional characteristics of clients/consumers required or recommended to be collected at admission and discharge.

Table 13. Data Fields for Client Profile

Field Name	Field Description	Type	Format	Length
marital_status	Marital Status	R	numeric	2
veteran_status	Veteran Status	O	numeric	2

Field Name	Field Description	Type	Format	Length
education	Education	R	numeric	2
employment	Employment Status	R	numeric	2
not_in_labor	Detailed Not-in-Labor Force	R	numeric	2
income_source	Source of Income/Support	O	numeric	2
pregnant	Pregnant at Admission	O	numeric	2
school_attendance	School Attendance Status	R	numeric	2
legal_status	Legal Status	R	numeric	2
arrests_past_30days_admission	Number of Arrests in Past 30 Days at Admission	R	numeric	2
arrests_past_30days_discharge	Number of Arrests in Past 30 Days at Discharge	R (Cond)	numeric	2
self_help_group_admission	Attendance at Self-Help Groups in Past 30 Days at Admission	O	numeric	2
self_help_group_discharge	Attendance at Self-Help Groups in Past 30 Days at Discharge	R (Cond)	numeric	2

4.6.2 Marital Status

This field collects the current marital status of the client.

Code	Value	Description/Note
1	<i>Single or Never Married</i>	No spouse or significant other
2	<i>Married or Domestic Partnership</i>	Living together as married, living with partners, or cohabiting
3	<i>Separated</i>	Married clients legally separated or otherwise absent from spouse
4	<i>Divorced</i>	Includes clients who are not in a relationship and whose last relationship was a marriage dissolved by judicial declaration
5	<i>Widowed</i>	Includes clients who are not in a relationship and whose last relationship was a marriage and their spouse died.
97	<i>Unknown</i>	Individual client value is unknown.
98	<i>Not Collected</i>	Provider does not collect this information at all.

Validation Rules

- Field name: marital_status
- Field type: required
 - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
 - If this field is *Null*, the *Validation Result* indicates a *critical error due to a missing value*.
- Field format: one (1) or two (2) digit numeric character
- Acceptable value: 1, 2, 3, 4, 5, 97 or 98

- If this field contains an invalid value (other than *1, 2, 3, 4, 5, 97* or *98*), the **Validation Result** indicates a *critical error due to an invalid value*.

4.6.3 Veteran Status

This field indicates whether the client has served in the uniformed services (Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service Commissioned Corps, Coast and Geodetic Survey, etc.).

A veteran is a person 16 years or over who has served (even for a short time), but is not serving now, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, Coast Guard, or Commissioned Corps of the U.S. Public Health Service or the National Oceanic and Atmospheric Administration, or who served as a Merchant Marine seaman during World War II. Persons who served in the National Guard or Military Reserves are classified as veterans only if they have ever been called or ordered to active duty (excluding the 4-6 months of initial training and yearly summer camps).

Code	Value	Description/Note
<i>1</i>	<i>Yes</i>	Has served or is currently serving in the uniform services, including the Coast Guard and Public Health Service
<i>2</i>	<i>No</i>	Has not served in military
<i>97</i>	<i>Unknown</i>	Individual client value is unknown.
<i>98</i>	<i>Not Collected</i>	Provider does not collect this information at all.

Validation Rules

- Field name: veteran_status
- Field type: optional
 - This field can remain *Null*.
 - Any errors associated with this field, when the value is present, will result in a *warning*.
- Field format and length: a maximum of 2 numeric characters
- Acceptable value: *1, 2, 97* or *98*
 - If this field contains an invalid value (other than *1, 2, 97* or *98*) the **Validation Result** indicates a *warning due to an invalid value*.

4.6.4 Education

This field specifies a) the highest school grade completed for adults or children not attending school or b) current school grade for school-age children (3-17 years old) attending school.

Code	Value	Description/Note
<i>0</i>	<i>Less than one school grade</i>	
<i>1</i>	<i>Grade 1</i>	1 st grade education
<i>2</i>	<i>Grade 2</i>	2 nd grade education
<i>3</i>	<i>Grade 3</i>	3 rd grade education
<i>4</i>	<i>Grade 4</i>	4 th grade education

Code	Value	Description/Note
5	Grade 5	5 th grade (elementary) education
6	Grade 6	6 th grade education
7	Grade 7	7 th grade education
8	Grade 8	8 th grade education (Middle school).
9	Grade 9	9 th grade education
10	Grade 10	Sophomore grade education
11	Grade 11	Junior in high school
12	12 th Grade or GED	High school diploma or GED
13	1 st Year of college/university	Freshman in college
14	2 nd Year of college/university	Sophomore in college or Associate Degree
15	3 rd Year of college/university	Junior in college
16	4 th Year of college/university	Senior in college or bachelor's degree
17	Some post-graduate study	Degree not completed (yet)
18	Graduate or professional degree	Master's and Doctoral degree, Professional school, Medical school, Law school, etc.
71	Vocational school	School providing specialized training for skilled employment: includes business, technical, secretarial, trade, or correspondence courses
72	Nursery, pre-school or head-start	
73	Kindergarten	
74	Self-contained special education	
97	Unknown	Individual client value is unknown.
98	Not collected	Provider does not collect this information at all.

Guidelines

- This field is required.
- Report current grade level for school-age children (3-17 years old and 18-21 years of age if the client is in special education) who attended school at any time in the past three months.
- Report highest grade level completed for school-age children who have not attended school at any time within the past three months.
- Report highest grade level completed for all adults, whether currently in school or not.
- For non-school-age children (age less than 3 years), use code *0 (Less than one school grade)*.
- School includes, any one or combination of home-schooling, online education, alternative school, vocational school, or regular school (public, private, charter, traditional, military, magnet, independent, parochial, etc.), at which the child is enrolled in any of the following school grade levels: nursery/pre-school (including Head Start), kindergarten, elementary/middle school (Grades 1-8), middle/high school (Grades 9-12, including General Equivalency Degree or GED), vocational school (including business, technical, secretarial, trade, or correspondence courses which are not counted as regular school enrollment and are not for recreation or adult education classes), or college/professional degree.

- If the information is collected at the time when the school year just ended, report the recent school grade level completed (not the grade level the child is advancing to in the next school year).
- For children who are home-schooled or children in special education but have been mainstreamed in regular school grades, please report the equivalent grade level.
- Use code *74 (Self-contained special education)* for children in a special education class that does not have an equivalent school grade level.
- Code *72 (Nursery school/pre-school)*, including Head Start is used typically for children ages 3-4 years old (but may also apply to older children) who meet the following definition of nursery school/pre-school. Use code *0 (Less than one school grade)* for children 3-4 years old who do not meet this definition.

Validation Rules

- Field name: education
- Field type: required
 - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
 - If this field is *Null*, the *Validation Result* indicates a *critical error due to a missing value*.
- Field format: one (1) or two (2) digit numeric character
- Acceptable value: *0 - 18, 71 - 74 or 97 - 98*
 - If this field contains an invalid value (other than *0 - 18, 71 - 74 or 97 - 98*), the *Validation Result* indicates a *critical error due to an invalid value*.

4.6.5 Employment

This field Indicates the client's current employment or primary daily activity. (1) in this fields. This field is required for all datasets.

Code	Value	Description/Note
<i>1</i>	<i>Full-time</i>	Working 35 hours or more each week, including active-duty members
<i>2</i>	<i>Part-time</i>	Working fewer than 35 hours each week
<i>3</i>	<i>Unemployed</i>	Looking for work during the past 30 days or on layoff from job
<i>4</i>	<i>Not in labor force</i>	Not looking for work during past 30 days, or a student, homemaker, retired, or an inmate of an institution.
<i>5</i>	<i>Employed</i>	Working but full-time vs. part-time not specified
<i>97</i>	<i>Unknown</i>	Individual client value is unknown.
<i>98</i>	<i>Not collected</i>	Provider does not collect this field.

Guidelines

- This field is required.
- If the client engages in multiple employment or daily activities, report the highest level of employment or activity. Highest level of employment or activity" corresponds to the value code. i.e., code *1 (Full-time)* is a higher level than code *2 (part-time)*.
- A client who has two or more part-time employments but works a total of 35 hours or more per week should be reported as full-time.
- Detailed Not in Labor Force provides a detailed breakdown of the category *4 (Not in*

labor force). All records with this category should have an entry in [Detailed Not in Labor Force](#).

- Employment Status is defined by SAMHSA as an outcome measure and is collected at admission and at discharge/update to assess change.
- Seasonal workers are coded based on employment status at the time of measurement. For a seasonal worker employed full time at the time of measurement, Employment Status should be coded *1 (Full time)*. A seasonal worker who is not in the labor force at the time of measurement should be coded *4 (Not in labor force)*.
- Report Employment Status only for clients aged 16 and older. If the provider does not collect employment status for clients 16 and 17 years old or the client is under age 16, the field should be coded as *98 (Not collected)*.
- If the provider does not collect full-time and part-time employment separately, the code *5 (Employed)*, Full/Part-time not specified should be used. Providers are encouraged to develop the capacity to collect and report both full-time and part-time employment.

Validation Rules

- Field name: employment
- Field type: required
 - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
 - If this field is *Null*, the [Validation Result](#) indicates a *critical error due to a missing value*.
- Field format: one (1) or two (2) digit numeric character
- Acceptable value: *1, 2, 3, 4, 5, 97* or *98*
 - If this field contains an invalid value (other than *1, 2, 3, 4, 5, 97* or *98*), the [Validation Result](#) indicates a *critical error due to an invalid value*.

4.6.6 Details Not in Labor Force

Provides more detailed information about those clients who are coded as *04 Not in labor force* in Employment Status.

Code	Value	Description/Note
<i>1</i>	<i>Homemaker</i>	
<i>2</i>	<i>Student</i>	
<i>3</i>	<i>Retired</i>	
<i>4</i>	<i>Disabled</i>	
<i>5</i>	<i>Resident of Institution</i>	Persons receiving services from institutional facilities such as hospitals, jails, prisons, long-term residential care, etc.
<i>6</i>	<i>Other or Not Specified</i>	Volunteer, seasonal worker, other categories or not specified
<i>7</i>	<i>Sheltered or Non-competitive Employment</i>	
<i>96</i>	<i>Not Applicable</i>	Use this code if Employment Status is not <i>04 Not in labor force</i> .
<i>97</i>	<i>Unknown</i>	Individual client value is unknown.
<i>98</i>	<i>Not collected</i>	Provider does not collect this field.

Guidelines

- Detailed Not in Labor Force provides a detailed breakdown of the category 4 (*Not in labor force*). All records with this category should have an entry in Detailed Not in Labor Force.
- If the provider collects a subset of the categories, clients not fitting the subset should be coded as 97 (*Unknown*). For example, if the provider collects only 04 Disabled, all other records where Employment Status is coded 4 (*Not in labor force*) should use 97 (*Unknown*) for this field.
- If the provider does not collect Detailed Not in Labor Force, all records should be coded 98 (*Not Collected*).

Validation Rule

- Field name: non_in_labor
- Field type: optional
 - This field can remain *Null*.
 - Any errors associated with this field, when the value is present, will result in a *warning*.
- Field format and length: a maximum of 2 numeric characters
- Acceptable value: 1 - 7 or 96 - 98
 - If this field contains an invalid value (other than 1 - 7 or 96 - 98) the Validation Result indicates a *warning due to an invalid value*.
- Related field: Employment
 - This field should be *Null* or 96 (*Not applicable*) if the value of Employment is other than 4 (*Not in labor force*).

4.6.7 Primary Source of Income/Support

This field identifies the client's principal source of financial support. For children (<18), indicate the parents' primary source of income.

Code	Value	Description/Note
1	Wage/Salary	
2	Public Assistance (TANF, etc.)	
3	Retirement/Pension	
4	Disability (SSI, SSDI, etc.)	
95	Other	
96	None	
97	Unknown	Individual client value is unknown.
98	Not Collected	Provider does not collect this field.

Guidelines

- Providers are encouraged to report data for all categories in the list of valid entries but reporting a subset of the categories is acceptable.

Validation Rules

- Field name: income_source
- Field type: optional

- This field can remain *Null*.
- Any errors associated with this field, when the value is present, will result in a *warning*.
- Field format and length: a maximum of 2 numeric characters
- Acceptable value: *1 - 4* or *95 - 98*
 - If this field contains an invalid value (other than *1 - 4* or *95 - 98*) the *Validation Result* indicates a *warning due to an invalid value*.

4.6.8 Pregnant at Admission

This field indicates whether a female client was pregnant at the time of admission.

Code	Value	Description/Note
1	<i>Yes</i>	Female client pregnant at admission
2	<i>No</i>	Female client not pregnant at admission
96	<i>Not Applicable</i>	Male clients or children in prepuberty age
97	<i>Unknown</i>	Individual client value is unknown.
98	<i>Not Collected</i>	Provider does not collect this information at all.

Validation Rules

- Field name: pregnant
- Field type: optional
 - This field can remain *Null*.
 - Any errors associated with this field, when the value is present, will result in a *warning*.
- Field format and length: a maximum of 2 numeric characters
- Acceptable value: *1, 2, 96, 97* or *98*
 - If this field contains an invalid value (other than *1, 2, 96, 97* or *98*), the *Validation Result* indicates a *warning due to an invalid value*.
- Related field: *Gender*
 - If this field is not *Null* and is other than *96 (Not Applicable)* while *Gender* is *1 (Male)*, the *Validation Result* indicates a *warning due to a data inconsistency*.

4.6.9 School Attendance Status

This field specifies the school attendance status of school-age children and adolescents (3-17 years old), including young adults (18-21 years old) who are protected under the Individuals with Disabilities Education Act (IDEA).

Code	Value	Description/Note
1	<i>Yes</i>	Client has attended school at any time in the past 3 months
2	<i>No</i>	Client has not attended school at any time in the past 3 months
96	<i>Not Applicable</i>	Age of Client is 22 years or older
97	<i>Unknown</i>	Individual client value is unknown.
98	<i>Not Collected</i>	Provider does not collect this information at all.

Guidelines

- Age check will be performed as of the [Admission Date](#).
- Age is not rounded-up.

Validation Rules

- Field name: school_attendance
- Field type: required
 - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
 - If this field is *Null*, the [Validation Result](#) indicates a *critical error due to a missing value*.
- Field format: one (1) or two (2) digit numeric character
- Acceptable value: *1, 2, 96, 97* or *98*
 - If this field contains an invalid value (other than *1, 2, 96, 97* or *98*), the [Validation Result](#) indicates a *critical error due to an invalid value*.
- Related field: [Date of Birth](#), [Admission Date](#)
 - For a client who is older than 21 years old should be reported *96 (Not Applicable)*. If the value of this field is other than 96 while the calculated age of a client at admission is 22 years or older, the [Validation Result](#) indicates a *critical error due to a data inconsistency*.

4.6.10 Legal Status

This field identifies the client's legal status at the time of admission to a state psychiatric hospital, Saint Elizabeths Hospital in the District.

Code	Value	Description/Note
<i>1</i>	<i>Voluntary, Self</i>	Non-forensic
<i>2</i>	<i>Voluntary, Others</i>	Non-Forensic; Parents, guardians, etc.
<i>3</i>	<i>Involuntary, Civil</i>	Non-forensic
<i>4</i>	<i>Involuntary, Criminal</i>	Forensic. Include juvenile clients who are adjudicated as adults.
<i>5</i>	<i>Involuntary, Juvenile Justice</i>	
<i>6</i>	<i>Involuntary, Civil, Sexual</i>	clients civilly committed under laws that are referred to as 'sexual predator' laws in some states.
<i>96</i>	<i>Not Applicable</i>	
<i>97</i>	<i>Unknown</i>	Individual client value is unknown.
<i>98</i>	<i>Not Collected</i>	Provider does not collect this information at all.

Guidelines

- This field should be used only when [Treatment Setting/Type](#) is *72 (State psychiatric hospital)*. For all other [Treatment Setting/Type](#) codes, this field should be coded *96 (Not applicable)*.

Validation Rules

- Field name: legal_status
- Field type: required

- Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
 - If this field is *Null*, the *Validation Result* indicates a *critical error due to a missing value*.
- Field format: one (1) or two (2) digit numeric character
- Acceptable value: *1 - 6* or *96 - 98*
 - If this field contains an invalid value (other than *1 - 6* or *96 - 98*), the *Validation Result* indicates a *critical error due to an invalid value*.
- Related field: *Treatment Setting/Type*
 - If the value of this field is other than *96 (Not applicable)* while the *Treatment Setting/Type* is not *72 (State psychiatric hospital)*, the *Validation Result* indicates a *critical error due to a data inconsistency*.
 - If the value of this field is *96 (Not applicable)* while the *Treatment Setting/Type* is *72 (State psychiatric hospital)*, the *Validation Result* indicates a *critical error due to a data inconsistency*.

4.6.11 Number of Arrests in Past 30 Days

This field indicates the number of arrests in the 30 days prior to the reference date (i.e., date of admission or date of discharge).

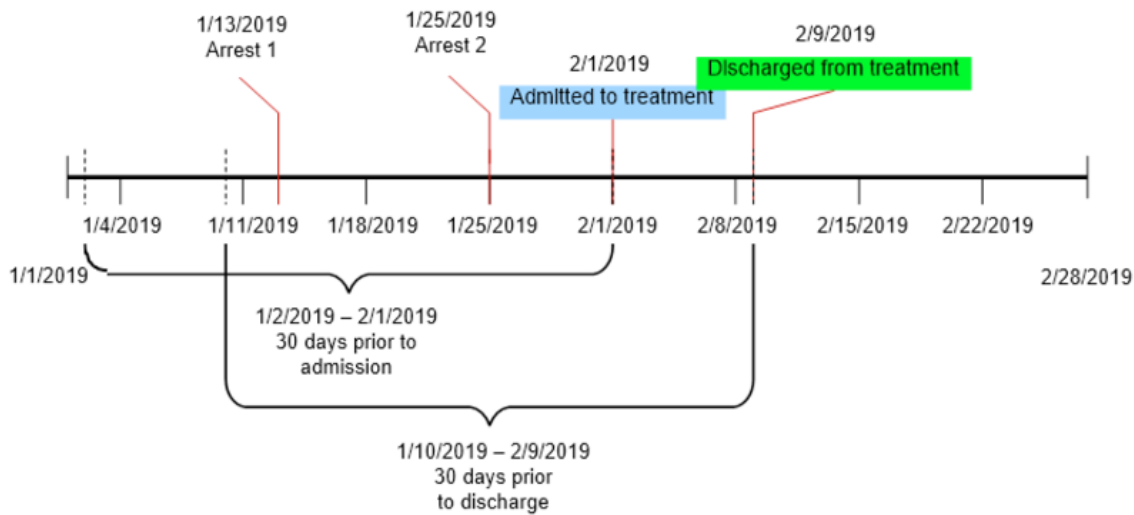
This field is intended to capture the number of times the client was arrested (not the number of charges) for any cause during the reference period. Any formal arrest should be counted, regardless of whether incarceration or conviction resulted.

Code	Value	Description/Note
<i>0-30</i>	<i>Number of Arrests</i>	It will be highly unlikely the total number of arrests in a 30-day period exceeds 30. If that is the case, report 30.
<i>97</i>	<i>Unknown</i>	Individual client value is unknown.
<i>98</i>	<i>Not Collected</i>	Provider does not collect this information at all.

Guidelines

- This information must be collected at admission and separately at discharge. For data reported at admission, the reference period is the 30 days prior to admission. For data reported at discharge, the reference period is the 30 days prior to discharge.
- If the Admission Date and Discharge Date are close together and the reference periods overlap, arrests falling in the overlap should be counted as occurring in the 30 days prior to admission. They should not be counted again in the 30 days prior to update/discharge. For example: if the date of admission is February 1 and the date of discharge is February 9, arrests that happened on January 13 and 25 should be reported at time of admission. They should not be reported again at the time of discharge because the 30-day timeframe overlapped between the two data reporting periods. Any arrest incidents that happened during the time gap between admission and discharge should be reported as arrest 30 days prior to discharge. The succeeding figure (Figure XX) illustrates this example.

Figure 3. Example of Arrests in Past 30 Days



Validation Rules for Number of Arrests in Past 30 Days from Admission

- Field name: arrests_past_30days_admission
- Field type: required
 - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
 - If this field is *Null*, the *Validation Result* indicates a *critical error due to a missing value*.
- Field format and length: one (1) or two (2) digit numeric character(s)
- Acceptable value: *1 - 30, 97 or 98*
 - If the value of this field is other than one of the assigned values (*1 - 30, 97 or 98*), the *Validation Result* indicates a *critical error due to an invalid value*.

Validation Rules for Number of Arrests in Past 30 Days from Discharge

- Field name: arrests_past_30days_discharge
- Field type: conditionally required
 - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
 - If this field is *Null* while the *Discharge Date* has a valid value, the *Validation Result* indicates a *critical error due to a missing value*.
- Field format and length: one (1) or two (2) digit numeric character(s)
- Acceptable value: *1 - 30, 97 or 98*
 - If the value of this field is other than one of the assigned values (*1 - 30, 97 or 98*), the *Validation Result* indicates a *critical error due to an invalid value*.
- Related field: *Discharge Date*
 - If this field has a valid value while *Discharge Date* is *Null*, the *Validation Result* indicates a *critical error due to a data inconsistency*.

4.6.12 Attendance at Self-Help Groups in Past 30 Days

This field indicates the frequency of attendance at a substance use self-help group in the 30 days prior to the reference date (the date of admission or date of discharge). For an admission record, the reference period is the 30 days prior to admission. For a record with Discharge Date, the reference period is the 30 days prior to discharge.

It includes attendance at Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and other self-help/mutual support groups focused on recovery from substance use and dependence.

Code	Value	Description/Note
1	Not Attendance	
2	Less than once a week	1 to 3 times in the past 30 days
3	About once a week	4 to 7 times in the past 30 days
4	2-3 times per week	8 to 15 times in the past 30 days
5	At least 4 times a week	16 to 30 times in the past 30 days
6	Some attendance	Number of times and frequency is unknown
96	Not Applicable	Can be used only for MH clients who do not have a co-occurring disorder.
97	Unknown	Individual client value is unknown.
98	Not Collected	Provider does not collect this information at all.

Guidelines

- Reporting [Attendance at Self-Help Groups in Past 30 Days from Admission](#) is optional while [Attendance at Self-Help Groups in Past 30 Days from Discharge](#) is required if the record has a [Discharge date](#).

Validation Rules for Attendance at Self-Help Groups in Past 30 Days at Admission

- Field name: self_help_group_admission
- Field type: optional
 - Any errors associated with this field, when the value is present, will result in a *warning*.
- Field format and length: one (1) or two (2) digit numeric character(s)
- Acceptable value: *1 - 6, or 96 - 98*
 - If the value of this field is other than one of the assigned values (*1 - 6, or 96 - 98*), the [Validation Result](#) indicates a *warning due to an invalid value*.

Validation Rules for Attendance at Self-Help Groups in Past 30 Days at Discharge

- Field name: self_help_group_discharge
- Field type: conditionally required
 - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
 - If this field is *Null* while the [Discharge Date](#) has a valid value, the [Validation Result](#) indicates a *critical error due to a missing value*.
- Field format and length: one (1) or two (2) digit numeric character(s)

- Acceptable value: **1 - 6, or 96 - 98**
 - If the value of this field is other than one of the assigned values (**1 - 6, or 96 - 98**), the **Validation Result** indicates a **critical error due to an invalid value**.
- Related field: **Discharge Date**
 - If this field has a valid value while **Discharge Date** is **Null**, the **Validation Result** indicates a **critical error due to a data inconsistency**.

4.7 Clinical Information - Diagnosis

4.7.1 Summary and Data Fields

This section includes data fields related to diagnoses and other clinical information.

Any diagnosis information should be reported using the International Classification of Diseases (ICD)-10 from the World Health Organization (WHO). ICD-10 codes may consist of up to seven digits with a decimal (.) after the first three digits indicating the category. The three digits following the decimal indicate specifiers and the last digit extension represents the type of encounter.

Table 14. Data Fields for Clinical Information

Field Name	Field Description	Type	Format	Length
co_occurring_sud_mh	Co-occurring MH and SUD Problem	O	numeric	2
smi_sed	SMI/SED Status	R	numeric	2
gaf_score_admission	GAF/CGAS Score at Admission	R	numeric	3
gaf_score_discharge	GAF/CGAS Score at Discharge	R	Numeric	3
sud_dx_1	SUD Diagnostic Code (ICD) - One	R	alphanumeric	8
sud_dx_2	SUD Diagnostic Code (ICD) - Two	O	alphanumeric	8
sud_dx_3	SUD Diagnostic Code (ICD) - Three	O	alphanumeric	8
mh_dx_1	MH Diagnostic Code (ICD) - One	R	alphanumeric	8
mh_dx_2	MH Diagnostic Code (ICD) - Two	O	alphanumeric	8
mh_dx_3	MH Diagnostic Code (ICD) - Three	O	alphanumeric	8
non_bh_dx_1	Non-BH Diagnostic Code - One	O	alphanumeric	8
non_bh_dx_2	Non-BH Diagnostic Code - Two	O	alphanumeric	8
non_bh_dx_3	Non-BH Diagnostic Code - Three	O	alphanumeric	8

4.7.2 Co-Occurring MH and SUD Problem

This field indicates whether the client has co-occurring mental and substance use disorders.

Code	Value	Description/Note
1	Yes	Client has co-occurring mental and substance use disorders.

Code	Value	Description/Note
2	No	Client does not have co-occurring mental and substance use disorders.
97	Unknown	Individual client value is unknown.
98	Not collected	Provider does not collect this field.

Guidelines

- This field should be **1 (Yes)** if the record had a valid diagnosis for both Substance Use and Mental Health.
- This field should be **1 (Yes)** for a mental health service record with the Primary **Substance Use** identified.

Validation Rules

- Field name: co_occurring_sud_mh
- Field type: optional
 - This field can remain **Null**.
 - Any errors associated with this field, when the value is present, will result in a **warning**.
- Field format and length: a maximum of 2 numeric characters
- Acceptable value: **1, 2, 97 or 98**
 - If the value of this field is other than one of the assigned values (**1, 2, 97 or 98**), the **Validation Result** indicates a **warning due to an invalid value**.
- Related field: **Substance Use Diagnosis 1, Mental Health Diagnosis 1, Record Type**
 - If this field is not **1 (Yes)** while the **Record Type** indicates an MH record (**M** or **X**) and **SUD Diagnosis One** is other than **999.9996 (No Applicable Diagnosis)**, the **Validation Result** indicates a **warning due to a data inconsistency**.

4.7.3 SMI/SED Status

This field indicates whether the client has serious mental illness (SMI) or serious emotional Disturbance (SED) using the state's definition.

Code	Value	Description/Note
1	SMI	Serious Mental Illness
2	SED	Serious Emotional Disturbance
3	At Risk for SED	
4	Not SMI/SED	
97	Unknown	Individual client value is unknown. Use this code if the provider collects these data but for some reason a particular record does not reflect an acceptable value; or if a client is undergoing evaluation for SMI or SED eligibility pending any decision.
98	Not Collected	Provider does not collect this field. Use this code if the provider does not collect these data either for all clients or a particular subset of the population.

Guidelines

- For an MH record, SMI/SED Status must be collected at admission and updated at discharge.

- SMI/SED status data collection on a substance use record is optional. However, if the information is not available, the provider still needs to report it as *97 (Unknown)* or *98 (Not Collected)*.
- Clients with co-occurring mental and substance use disorders must have a valid value.
- The District's definitions of SMI and SED follow the federal definitions:
- An age check will be performed. The code *1 (SMI)* should be used for adults 18 years and older. The code *2 (SED)* or *3 (At Risk for SED)* should be used for children and adolescents 17 years old and younger. An exception is given to young adults, 18-21 years old, who are protected under the IDEA and continue to receive mental health services from the state's Children Mental Health system. Age is not rounded-up.

Validation Rules

- Field name: smi_sed
- Field type: required
 - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
 - If this field is *Null*, the *Validation Result* indicates a *critical error due to a missing value*.
- Field format and length: one (1) or two (2) digit numeric character(s)
- Acceptable value: *1, 2, 3, 4, 97 or 98*
 - If the value of this field is other than one of the assigned values (*1, 2, 3, 4, 97 or 98*), the *Validation Result* indicates a *critical error due to an invalid value*.
- Related field: *Date of Birth, Admission Date*
 - If this value of this field is *1 (SMI)* while the age at *Admission Date* is younger than 22 years old, the *Validation Result* indicates a *critical error due to a data inconsistency*.
 - If this value of this field is *2 (SED)* or *3 (At Risk for SED)* while the age at *Admission Date* is 22 years or older, the *Validation Result* indicates a *critical error due to a data inconsistency*.

4.7.4 GAF/CGAS Status

This field specifies the Children Global Assessment Scale (CGAS) score for children and adolescents or the Global Assessment of Functioning (GAF) score for adult clients.

Code	Value	Description/Note
<i>0-100</i>	<i>CGAS/GAF Score</i>	
<i>997</i>	<i>Unknown</i>	Individual client value is unknown.
<i>998</i>	<i>Not collected</i>	Provider does not collect this field.

Guidelines

- Reporting GAF score on a substance use record is optional. However, if the information is not available, the provider still needs to report it using *997 (Unknown)* or *998 (Not Collected)*.
- Report only if the provider is using the CGAS/GAF.
- Assess CGAS/GAF score at the time of admission and again at the time of discharge
- For an *SUD* record, report CGAS/GAF score for clients with co-occurring mental and substance use disorders.

Validation Rules for CGAS/GAF at Admission

- Field name: gaf_score_admissoin
- Field type: required
 - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
 - If this field is *Null*, the *Validation Result* indicates a *critical error due to a missing value*.
- Field format and length: one (1) or two (2) digit numeric character(s)
- Acceptable value: *1 - 100, 997 or 998*
 - If the value of this field is other than one of the assigned values (*1 - 100, 997 or 998*), the *Validation Result* indicates a *critical error due to an invalid value*.

Validation Rules for CGAS/GAF at Discharge

- Field name: gaf_score_discharge
- Field type: conditionally required
 - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
- Field format and length: one (1) or two (2) digit numeric character(s)
- Acceptable value: *1 - 100, 997 or 998*
 - If the value of this field is other than one of the assigned values (*1 - 100, 997 or 998*), the *Validation Result* indicates a *critical error due to an invalid value*.
- Related field: *Discharge Date*
 - If this field is *Null* while the *Discharge Date* has a valid date value, the *Validation Result* indicates a *critical error due to a missing value*.
 - If this field is not *Null* while the *Discharge Date* is *Null*, the *Validation Result* indicates a *critical error due to a data inconsistency*.

4.7.5 Substance Use Diagnosis (One, Two & Three)

This field identifies the official diagnosis for the SUD problem(s) identified at admission or diagnosed/updated during the treatment. Up to three active substance use diagnoses can be reported using the official International Classification of Disease (ICD)-10 codes.

Code	Value	Description/Note
<i>XXX.XXX</i>	<i>Official ICD-10 Code</i>	Codes can be three to seven plus a decimal. A three-character code with no decimal or following digits will be accepted
<i>999.9996</i>	<i>No Applicable Diagnosis</i>	No Substance Use Diagnosis – Individual client who does not have a substance use diagnosis (Use this code only for MH client records)

Guidelines

- The first three characters, the category value for a valid SUD diagnostic code will range between F10 and F19.
- For an *SUD* client, the principal diagnosis providing the reason for the client's encounter or treatment must be reported in the *SUD Diagnosis One* field.
- Reporting a value in the *SUD Diagnosis One* field is required for both SUD and MH records regardless of the presence of an active SUD diagnosis. An SUD episode, or an MH episode with a co-occurring SUD must have a valid SUD diagnostic code reported. An MH episode

with no active SUD diagnosis should be reported as 999.9996 (No Applicable Diagnosis) in [SUD Diagnosis One](#) field and [SUD Diagnosis Two](#) and [SUD Diagnosis Three](#) fields can remain *Null*.

Validation Rules for SUD Diagnosis One

- Field name: sud_dx1
- Field type: required
 - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
 - If this field is *Null*, the [Validation Result](#) indicates a *critical error due to a missing value*.
- Field format and length: a minimum of three (3) and a maximum of eight (8) alphanumeric characters, including a decimal point (.) counted as one character. The 1st character must be a letter and the 2nd character must be a numeric value.
 - If the length of the value is shorter than 3 characters or exceeds 8 characters, when the value is present, the [Validation Result](#) indicates a *critical error due to an invalid field length*.
 - If the 1st character is not a letter or the 2nd character is not a numeric value, the [Validation Result](#) indicates a *critical error due to wrong format*.
- Acceptable value: The 1st character must be *F* and the 2nd character must be *1* (number one). Additionally, *999.9996 (No Applicable Diagnosis)* is allowed.
 - When the value is not *999.9996 (No Applicable Diagnosis)*, if the 1st character is not *F* or the 2nd character is not *1*, the [Validation Result](#) indicates a *critical error due to an invalid value*.
- Related field: [Record Type, Codependent/Collateral](#)
 - If the value of this field is *No Applicable diagnosis (999.9996)* while the [Record Type](#) indicates an SUD record (*A* or *T*) and [Codependent/Collateral](#) is Client (2), the [Validation Result](#) indicates a *critical error due to a data inconsistency*.
 - If the value of this field is a valid SUD Diagnostic code beginning with *F1* while the [Record Type](#) indicates an MH record (*M* or *X*) and the [Co-Occurring MH and SUD Problem](#) is other than 1 (Yes), the [Validation Result](#) indicates a *critical error due to a data inconsistency*.

Validation Rules for SUD Diagnosis Two

- Field name: sud_dx2
- Field type: optional
 - Use this field if the client has another active SUD diagnosis. If the client has only one SUD diagnosis or no SUD diagnosis at all, this field may remain *Null*.
 - Any errors associated with this field result in a *warning*.
- Field format and length: a minimum of three (3) and a maximum of eight (8) alphanumeric characters, including a decimal point (.) counted as one character. The 1st character must be a letter and the 2nd character must be a numeric value.
 - If the length of the value is shorter than 3 characters or exceeds 8 characters, when the value is present, the [Validation Result](#) indicates a *warning due to an invalid field length*.
 - If the 1st character is not a letter or the 2nd character is not a numeric value, the [Validation Result](#) indicates a *warning due to wrong format*.

- Acceptable value: The 1st character must be *F* and the 2nd character must be *1* (number one). Additionally, *999.9996 (No Applicable Diagnosis)* is allowed.
 - When the value is not *999.9996 (No Applicable Diagnosis)*, if the 1st character is not *F* or the 2nd character is not *1*, the **Validation Result** indicates a *warning due to an invalid value*.
- Related field: **Record Type, Codependent/Collateral**
 - If the value of this field is a valid SUD Diagnostic code beginning with *F1* while the **Record Type** indicates an MH record (*M* or *X*) and the **Co-Occurring MH and SUD Problem** is other than 1 (Yes), the **Validation Result** indicates a *warning due to a data inconsistency*.

Validation Rules for SUD Diagnosis Three

- Field name: sud_dx3
- Field type: optional
 - Use this field if the client has more than two active SUD diagnoses. If the client has only one SUD diagnosis or no SUD diagnosis at all, this field may remain *Null*.
 - Any errors associated with this field result in a *warning*.
- Field format and length: a minimum of three (3) and a maximum of eight (8) alphanumeric characters, including a decimal point (.) counted as one character. The 1st character must be a letter and the 2nd character must be a numeric value.
 - If the length of the value is shorter than 3 characters or exceeds 8 characters, when the value is present, the **Validation Result** indicates a *warning due to an invalid field length*.
 - If the 1st character is not a letter or the 2nd character is not a numeric value, the **Validation Result** indicates a *warning due to wrong format*.
- Acceptable value: The 1st character must be *F* and the 2nd character must be *1* (number one). Additionally, *999.9996 (No Applicable Diagnosis)* is allowed.
 - When the value is not *999.9996 (No Applicable Diagnosis)*, if the 1st character is not *F* or the 2nd character is not *1*, the **Validation Result** indicates a *warning due to an invalid value*.
- Related field: **Record Type, Codependent/Collateral**
 - If the value of this field is a valid SUD Diagnostic code beginning with *F1* while the **Record Type** indicates an MH record (*M* or *X*) and the **Co-Occurring MH and SUD Problem** is other than 1 (Yes), the **Validation Result** indicates a *warning due to a data inconsistency*.

4.7.6 Mental Health Diagnosis (One, Two & Three)

This field identifies the official diagnosis for the MH problem(s) identified at admission or diagnosed/updated during the treatment. Up to three active (non-substance use) mental health diagnoses can be reported using the official International Classification of Disease (ICD)-10 codes.

Code	Value	Description/Note
<i>XXX.XXX</i>	<i>Official ICD-10 Code</i>	Codes can be three to seven plus a decimal. A three-character code with no decimal or following digits will be accepted

Code	Value	Description/Note
999.9996	No Applicable Diagnosis	No MH Diagnosis – Individual client who does not have any MH diagnosis (Use this code only for SUD client records)

Guidelines

- For an MH client, the principal diagnosis providing the reason for the client's encounter or treatment must be reported in the [MH Diagnosis One](#) field.
- ICD-10 codes ranging from F01 through F99 indicate mental, behavioral and neurodevelopmental disorders, including SUD diagnostic codes ranging between F10 and F19. Since SUD diagnostic codes are reported in the SUD Diagnosis fields, these fields should be used for non-SUD MH diagnoses only: include diagnostic codes beginning with F but exclude SUD diagnostic codes where the 2nd character is 1 (number one). The first two characters of a valid MH code will be F0 or between F2 and F9.
- Reporting a value in the first MH Diagnostic Code field is required for both MH and SUD records regardless of the presence of an active MH diagnosis. An MH client, or an SUD client with a co-occurring MH disorder should have a valid MH diagnosis. An SUD client with no active MH diagnosis should be reported as 999.9996 (No MH Diagnosis).
- If this field has a valid MH Diagnostic code on an [SUD](#) record (where Record Type is A or T), Co- occurring Mental and Substance Use Disorders must be 1 (Yes).
- For an SUD client, the principal diagnosis providing the reason for the client's encounter or treatment must be reported in the [SUD Diagnosis One](#) field.
- Reporting a value in the [SUD Diagnosis One](#) field is required for both SUD and MH records regardless of the presence of an active SUD diagnosis. An SUD episode, or an MH episode with a co-occurring SUD must have a valid SUD diagnostic code reported. An MH episode with no active SUD diagnosis should be reported as 999.9996 (No Applicable Diagnosis) in [SUD Diagnosis One](#) field and [SUD Diagnosis Two](#) and [SUD Diagnosis Three](#) fields can remain *Null*.

Validation Rules for MH Diagnostic Code One

- Field name: mh_dx1
- Field type: required
 - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
 - If this field is *Null*, the [Validation Result](#) indicates a *critical error due to a missing value*.
- Field format and length: a minimum of three (3) and a maximum of eight (8) alphanumeric characters, including a decimal point (.) counted as one character. The 1st character must be a letter and the 2nd character must be a numeric value.
 - If the length of the value is shorter than 3 characters or exceeds 8 characters, when the value is present, the [Validation Result](#) indicates a *critical error due to an invalid field length*.
 - If the 1st character is not a letter or the 2nd character is not a numeric value, the [Validation Result](#) indicates a *critical error due to wrong format*.
- Acceptable value: The 1st character must be *F* and the 2nd character must be a numeric value other than *1* (number one). Additionally, *999.9996 (No Applicable Diagnosis)* is allowed.

- When the value is not *999.9996 (No Applicable Diagnosis)*, if the 1st character is not *F* or the 2nd character is *1*, the **Validation Result** indicates a *critical error due to an invalid value*.
- Related field: **Record Type, Codependent/Collateral**
 - If the value of this field is *999.9996 (No Applicable diagnosis)* while the **Record Type** indicates an MH record (*M* or *X*), the **Validation Result** indicates a *critical error due to a data inconsistency*.
 - If the value of this field is a valid MH Diagnostic code while the **Record Type** indicates an SUD record (*A* or *T*) and the **Co-Occurring MH and SUD Problem** is other than 1 (Yes), the **Validation Result** indicates a *critical error due to a data inconsistency*.

Validation Rules for MH Diagnostic Code Two

- Field name: mh_dx2
- Field type: optional
 - Use this field if the client has another active MH diagnosis. If the client has only one MH diagnosis or no MH diagnosis at all, this field should remain *Null*.
 - Any errors associated with this field result in a *warning*.
- Field format and length: a minimum of three (3) and a maximum of eight (8) alphanumeric characters, including a decimal point (.) counted as one character. The 1st character must be a letter and the 2nd character must be a numeric value.
 - If the length of the value is shorter than 3 characters or exceeds 8 characters, when the value is present, the **Validation Result** indicates a *warning due to an invalid field length*.
 - If the 1st character is not a letter or the 2nd character is not a numeric value, the **Validation Result** indicates a *warning due to wrong format*.
- Acceptable value: The 1st character must be *F* and the 2nd character must be a numeric value other than *1* (number one). Additionally, *999.9996 (No Applicable Diagnosis)* is allowed.
 - If the 1st character is other than *F* or the 2nd character is *1* (number one), and the value is not *999.9996 (No Applicable Diagnosis)*, when the value is present, the **Validation Result** indicates a *warning due to an invalid value*.
- Related field: **Record Type, Codependent/Collateral**
 - If the value of this field is a valid MH Diagnostic code while the **Record Type** indicates an SUD record (*A* or *T*) and the **Co-Occurring MH and SUD Problem** is other than 1 (Yes), the **Validation Result** indicates a *warning due to a data inconsistency*.

Validation Rules for MH Diagnostic Code Three

- Field name: mh_dx3
- Field type: optional
 - Use this field if the client has more than two active MH diagnoses. If the client has two or fewer MH diagnoses, this field may remain *Null*.
 - Any errors associated with this field result in a *warning*.
- Field format and length: a minimum of three (3) and a maximum of eight (8) alphanumeric characters, including a decimal point (.) counted as one character. The 1st character must be a letter and the 2nd character must be a numeric value.

- If the length of the value is shorter than 3 characters or exceeds 8 characters, when the value is present, the **Validation Result** indicates a *warning due to an invalid field length*.
 - If the 1st character is not a letter or the 2nd character is not a numeric value, the **Validation Result** indicates a *warning due to wrong format*.
- Acceptable value: The 1st character must be *F* and the 2nd character must be a numeric value other than *1* (number one). Additionally, *999.9996 (No Applicable Diagnosis)* is allowed.
 - If the 1st character is other than *F* or the 2nd character is *1* (number one), and the value is not *999.9996 (No Applicable Diagnosis)*, when the value is present, the **Validation Result** indicates a *warning due to an invalid value*.
- Related field: **Record Type, Codependent/Collateral**
 - If the value of this field is a valid MH Diagnostic code while the **Record Type** indicates an SUD record (*A* or *T*) and the **Co-Occurring MH and SUD Problem** is other than 1 (Yes), the **Validation Result** indicates a *warning due to a data inconsistency*.

4.7.7 Non-Behavioral Health Diagnosis

This field indicates any comorbid medical conditions (that are not MH or SUD disorders) identified at admission to an MH/SUD treatment service provider or diagnosed while receiving MH/SUD treatment service.

Code	Value	Description/Note
<i>XXX.XXX</i>	<i>Official ICD-10 Code</i>	Codes can be three to seven plus a decimal. A three-character code with no decimal or following digits will be accepted
<i>999.9996</i>	<i>No Applicable Diagnosis</i>	No Applicable Diagnosis – Individual client who has either SUD or MH diagnosis only
<i>999.9997</i>	<i>Unknown</i>	Individual client value is unknown.
<i>999.9998</i>	<i>Not Collected</i>	Provider does not collect this field.

Guidelines

- Providers are encouraged to track and report any non-behavioral health diagnoses that may or may not affect the MH or SUD problems or treatment services. However, this field is optional can remain Null.
- Report up to three active non-BH diagnoses using ICD-10 codes. Codes starting with F letter are used to indicate mental, behavioral, and neurodevelopmental disorders. Thus, codes starting with all other letters except F will considered non-BH diagnosis codes.

Validation Rules for Non-BH Diagnostic Code One, Two & Three

- Field name: non_bh_dx1, non_bh_dx2, non_bh_dx3
- Field type: optional
 - This field can remain *Null*.
 - Any errors associated with this field, when the value is present, will result in a *warning*.

- Field format and length: a minimum of three (3) and a maximum of eight (8) alphanumeric characters, including a decimal point (.) counted as one character. The 1st character must be a letter and the 2nd character must be a numeric value.
 - If the length of the value is shorter than 3 characters or exceeds 8 characters, when the value is present, the **Validation Result** indicates a *warning due to an invalid field length*.
 - If the 1st character is not a letter or the 2nd character is not a numeric value, the **Validation Result** indicates a *warning due to wrong format*.
- Acceptable value: The 1st character must be a letter other than *F* and the 2nd character must be a numeric value. Additionally, *999.9996 (or No Applicable Diagnosis)* is allowed.
 - If the 1st character is *F* or the 2nd character is not a numeric value, and the value is not *999.9996 (No Applicable Diagnosis)*, when the value is present, the **Validation Result** indicates a *warning due to an invalid value*.

4.8 Clinical Information - Substance Use

4.8.1 Summary and Data Fields

This section includes data fields on a client's history of substance-specific information. It captures substances that the client is currently on at the time of admission and does not include any substances the client may have started during the course of treatment.

Table 15. Data Fields for Substance Use

Field Name	Field Description	Type	Format	Length
primary_substance	Primary Substance Use	R (Cond)	numeric	2
secondary_substance	Secondary Substance Use	O	numeric	2
tertiary_substance	Tertiary Substance Use	O	numeric	2
primary_drug_code	Primary Detailed Drug Code	O	numeric	4
secondary_drug_code	Secondary Detailed Drug Code	O	numeric	4
tertiary_drug_code	Tertiary Detailed Drug Code	O	numeric	4
primary_su_frequency_admission	Primary SUD Frequency of Use at Admission	R (Cond)	numeric	2
secondary_su_frequency_admission	Secondary SUD Frequency of Use at Admission	O	numeric	2
tertiary_su_frequency_admission	Tertiary SUD Frequency of Use at Admission	O	numeric	2
primary_su_frequency_discharge	Primary SUD Frequency of Use at Discharge	R (Cond)	numeric	2
secondary_su_frequency_discharge	Secondary SUD Frequency of Use at Discharge	O	numeric	2
tertiary_su_frequency_discharge	Tertiary SUD Frequency of Use at Discharge	O	numeric	2
primary_su_route	Primary SUD Route of Administration	R (Cond)	numeric	2
secondary_su_route	Secondary SUD Route of Administration	O	numeric	2

Field Name	Field Description	Type	Format	Length
tertiary_su_route	Tertiary SUD Route of Administration	O	numeric	2
primary_su_age_at_first_use	Primary SUD Age at First Use	R (Cond)	numeric	2
secondary_su_age_at_first_use	Secondary SUD Age at First Use	O	numeric	2
tertiary_su_age_at_first_use	Tertiary SUD Age at First Use	O	numeric	2
opioid_su_therapy	Medication-Assisted Opioid Therapy	R	numeric	2

4.8.2 Substance Use (Primary, Secondary & Tertiary)

This field identifies the client's substance use ranked in the order of use.

Code	Value	Description/Note
1	<i>None</i>	
2	<i>Alcohol</i>	
3	<i>Cocaine/crack</i>	
4	<i>Marijuana/hashish</i>	Includes THC and any other cannabis sativa preparations
5	<i>Heroin</i>	
6	<i>Non-prescription Methadone</i>	
7	<i>Other opiates and synthetics</i>	Includes buprenorphine, butorphanol, codeine, hydrocodone, hydromorphone, meperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol, and other narcotic analgesics, opiates, or synthetics
8	<i>PCP – Phencyclidine</i>	
9	<i>Hallucinogens</i>	Includes LSD, DMT, mescaline, peyote, psilocybin, STP, and other hallucinogens
10	<i>Methamphetamine/ Speed</i>	
11	<i>Other amphetamines</i>	Includes amphetamines, MDMA, 'bath salts', phenmetrazine, and other amines and related drugs
12	<i>Other stimulants</i>	Includes methylphenidate and any other stimulants
13	<i>Benzodiazepines</i>	Includes alprazolam, chlordiazepoxide, clonazepam, clorazepate, diazepam, flunitrazepam, flurazepam, halazepam, lorazepam, oxazepam, prazepam, temazepam, triazolam, and other benzodiazepines
14	<i>Other tranquilizers</i>	Includes meprobamate, and other non-benzodiazepine tranquilizers
15	<i>Barbiturates</i>	Includes amobarbital, pentobarbital, phenobarbital, secobarbital, etc.
16	<i>Other sedatives or hypnotics</i>	Includes chloral hydrate, ethchlorvynol, glutethimide, methaqualone, and other non-barbiturate sedatives and hypnotics
17	<i>Inhalants</i>	Includes aerosols; chloroform, ether, nitrous oxide and other anesthetics; gasoline; glue; nitrites; paint thinner and other solvents; and other inappropriately inhaled products

Code	Value	Description/Note
18	<i>Over-the-counter medications</i>	Includes aspirin, dextromethorphan and other cough syrups, diphenhydramine and other anti-histamines, ephedrine, sleep aids, and any other legally obtained, non-prescription medication
20	<i>Other drugs</i>	Includes diphenylhydantoin/phenytoin, GHB/GBL, ketamine, synthetic cannabinoid "Spice", carisoprodol (Soma), and other drugs
96	<i>Not Applicable</i>	
97	<i>Unknown</i>	Individual client value is unknown
98	<i>Not Collected</i>	Provider does not collect this information at all

Guidelines

- Each [Substance Use](#) field (primary, secondary, or tertiary) has associated fields: [Route of Administration](#), [Frequency of Use at Admission](#), [Frequency of Use at Discharge](#), [Age at First Use](#), and [Detailed Drug Code](#). The primary [Substance Use](#) code corresponds to the primary codes in the other fields, the secondary code to the secondary, and the tertiary to the tertiary.
- The [Detailed Drug Code](#) is optional and is used to provide more detailed descriptions of the substances reported.
- For an SUD treatment record or an MH treatment record with a co-occurring SUD, the substance use information, along with a substance use diagnosis, should be collected at admission with the related variable [Frequency of Use at Admission](#). Additionally, [Frequency of Use at Discharge](#) for same substance should be collected to assess change and needs to be reported to BHSD.
- For an MH treatment record with no co-occurring SUD, this field is optional.
- A record should not have duplicate [Substance Use](#) codes with identical [Route of Administration](#) unless the [Detailed Drug Codes](#) are different. For example, if the primary and the primary and secondary Substance Use codes are both 13 (Benzodiazepines), the primary and secondary Routes of Administration cannot be both 1 (Oral).

Validation Rules for Primary Substance Use

- Field name: primary_substance
- Field type: conditionally required
 - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
- Field format and length: a maximum of 2 numeric characters
- Acceptable value: *1 - 18, 20 or 96 - 98*
 - If this field contains an invalid value (other than *1 - 18, 20 or 96 - 98*), when a value is present, the [Validation Result](#) indicates a *critical error due to an invalid value*.
- Related field: [SUD Diagnosis One](#)
 - If the value of this field is *Null* while the [SUD Diagnosis One](#) has a valid SUD diagnosis code beginning with *F1*, the [Validation Result](#) indicates a *critical error due to a missing value*.
 - If the value of this field is *96 (Not Applicable)* while the [SUD Diagnosis One](#) has a valid SUD diagnosis code beginning with *F1*, the [Validation Result](#) indicates a *critical error due to a data inconsistency*.

Validation Rules for Secondary & Tertiary Substance Use

- Field name: secondary_substance, tertiary_substance
- Field type: optional
 - If the client has no secondary or tertiary substance identified, this field may remain *Null*.
 - Any errors associated with this field result in a *warning*.
- Field format and length: a maximum of 2 numeric characters
- Acceptable value: *1 - 18, 20* or *96 - 98*
 - If this field contains an invalid value (other than *1 - 18, 20* or *96 - 98*), when a value is present, the **Validation Result** indicates a *warning due to an invalid value*.

4.8.3 Detailed Drug Code (Primary, Secondary & Tertiary)

This field identifies in greater detail the substance recorded in **Substance Use** (Primary, Secondary, Tertiary), enabling distinction between substances in cases where a client uses two or more drugs that are assigned the same Substance Use code.

Substance Use (Name)		Detailed Substance Use Code	
Code	Value	Code	Value: Generic substance (brand name example)
1	None	9996	<i>Not applicable</i>
2	Alcohol	201	<i>Alcohol</i>
3	Cocaine/crack	301	<i>Crack</i>
		302	<i>Other cocaine</i>
4	Marijuana/hashish	401	<i>Marijuana/hashish, THC, and any other cannabis sativa preparations</i>
5	Heroin	501	<i>Heroin</i>
6	Non-prescription Methadone	601	<i>Non-prescription Methadone</i>
7	Other opiates and synthetics	701	<i>Codeine</i>
		702	<i>Propoxyphene (Darvon)</i>
		703	<i>Oxycodone (Oxycontin)</i>
		704	<i>Meperidine (Demerol)</i>
		705	<i>Hydromorphone (Dilaudid)</i>
		706	<i>Butorphanol (Stadol), morphine (MS Contin), opium, and other narcotic analgesics, opiates, or synthetics</i>
		707	<i>Pentazocine (Talwin)</i>
		708	<i>Hydrocodone (Vicodin)</i>
		709	<i>Tramadol (Ultram)</i>
		710	<i>Buprenorphine (Subutex, Suboxone)</i>
8	PCP – Phencyclidine	801	<i>PCP</i>
9	Hallucinogens	901	<i>LSD</i>
		902	<i>DMT, mescaline, peyote, psilocybin, STP, and other hallucinogens</i>
10	Methamphetamine/Speed	1001	<i>Methamphetamine/Speed</i>
11	Other amphetamines	1101	<i>Amphetamine</i>

Substance Use (Name)		Detailed Substance Use Code	
Code	Value	Code	Value: Generic substance (brand name example)
		1103	Methylenedioxymethamphetamine (MDMA, Ecstasy)
		1109	"Bath salts," phenmetrazine, and other amines and related drugs
12	Other stimulants	1201	Other stimulants
		1202	Methylphenidate (Ritalin)
13	Benzodiazepines	1301	Alprazolam (Xanax)
		1302	Chlordiazepoxide (Librium)
		1303	Clorazepate (Tranxene)
		1304	Diazepam (Valium)
		1305	Flurazepam (Dalmane)
		1306	Lorazepam (Ativan)
		1307	Triazolam (Halcion)
		1308	Halazepam, oxazepam (Serax), prazepam, temazepam (Restoril), and other benzodiazepines
		1309	Flunitrazepam (Rohypnol)
		1310	Clonazepam (Klonopin, Rivotril)
14	Other tranquilizers	1401	Meprobamate (Miltown)
		1403	Other non-benzodiazepine tranquilizers
15	Barbiturates	1501	Phenobarbital
		1502	Secobarbital/Amobarbital (Tuinal)
		1503	Secobarbital (Seconal)
		1509	Amobarbital, pentobarbital (Nembutal), and other barbiturate sedatives
16	Other sedatives or hypnotics	1601	Ethchlorvynol (Placidyl)
		1602	Glutethimide (Doriden)
		1603	Methaqualone (Quaalude)
		1604	Chloral hydrate and other non-barbiturate sedatives/hypnotics
17	Inhalants	1701	Aerosols
		1702	Nitrites
		1703	Gasoline, glue, and other inappropriately inhaled products 1704 Solvents (paint thinner and other solvents)
		1705	Anesthetics (chloroform, ether, nitrous oxide, and other anesthetics)
18	Over-the-counter medications	1801	Diphenhydramine
		1809	Other antihistamines, aspirin, Dextromethorphan (DXM) and other cough syrups, ephedrine, sleep aids, and any other legally obtained, non-prescription medication
20	Other drugs	2001	Diphenylhydantoin/Phenytoin (Dilantin)
		2002	Synthetic Cannabinoid (Spice), Carisoprodol (Soma), and other drugs
		2003	GHB/GBL (gamma-hydroxybutyrate, gamma-butyrolactone) 2004 Ketamine (Special K)

Substance Use (Name)		Detailed Substance Use Code	
Code	Value	Code	Value: Generic substance (brand name example)
96	Not applicable	9996	<i>Not applicable – Use when the value in Substance Use is 1 (None).</i>
97	Unknown	9997	<i>Unknown – Individual client value is unknown.</i>
98	Not collected	9998	<i>Not collected – Provider does not collect this field.</i>

Guidelines

- Each of the [Detailed Drug Code](#) fields should correspond to the [Substance Use](#) fields. For example, [Primary Detailed Drug](#) should correspond to [Primary Substance Use](#).

Validation Rules for Detailed Drug Code (Primary, Secondary & Tertiary)

- Field name: primary_drug_code, secondary_drug_code, tertiary_drug_code
- Field type: optional
 - If the client has no secondary or tertiary substance identified, this field may remain *Null*.
 - Any errors associated with this field result in a *warning*.
- Field format and length: a minimum of 3 and a maximum of 4 numeric characters
- Acceptable value: As indicated above
 - If this field contains an invalid value, when a value is present, the [Validation Result](#) indicates a *warning due to an invalid value*.
- Related field: [Primary Substance Use](#), [Secondary Substance Use](#), [Tertiary Substance Use](#)
 - If the value of this field is not *Null* and the first two numeric characters of this field do not match with the value in the corresponding Substance Use field, the [Validation Result](#) indicates a *warning due to a data inconsistency*.

4.8.4 Substance Frequency of Use at Admission

This field specifies the frequency of use of the corresponding substance identified in Substance Use (Primary, Secondary, Tertiary) at Admission.

Code	Value	Description/Note
1	<i>No Use In The Past Month</i>	
2	<i>1-3 Days In Past Month</i>	
3	<i>1-2 Days In Past Week</i>	
4	<i>3-6 Days In Past Week</i>	
5	<i>Daily</i>	
96	<i>Not applicable</i>	
97	<i>Unknown</i>	Individual client value is unknown
98	<i>Not collected</i>	Provider does not collect this information at all

Validation Rules for Primary SUD Frequency of Use at Admission

- Field name: primary_su_frequency_admission
- Field type: conditionally required
 - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.

- Field format and length: a maximum of 2 numeric characters
- Acceptable value: *1 - 5* or *96 - 98*
 - If this field contains an invalid value (other than *1 - 5* or *96 - 98*), when a value is present, the **Validation Result** indicates a *critical error due to an invalid value*.
- Related field: **Primary Substance Use**
 - If this field is *Null* while **Primary Substance Use** is *1 - 18*, or *20*, the **Validation Result** indicates a *critical error due to a missing value*.

Validation Rules for Secondary/Tertiary SUD Frequency of Use at Admission

- Field name: secondary_su_frequency_admission, tertiary_su_frequency_admission
- Field type: optional
 - Any errors associated with this field result in a *warning*.
- Field format and length: a maximum of 2 numeric characters
- Acceptable value: *1 - 5* or *96 - 98*
 - If this field contains an invalid value (other than *1 - 5* or *96 - 98*), when a value is present, the **Validation Result** indicates a *warning due to an invalid value*.
- Related field: **Secondary Substance Use, Tertiary Substance Use**
 - If **Secondary SUD Frequency of Use at Admission** is *Null* while **Secondary Substance Use** is *1 - 18*, or *20*) the **Validation Result** indicates a *warning due to a missing value*.
 - If **Tertiary SUD Frequency of Use at Admission** is *Null* while **Tertiary Substance Use** is *1 - 18*, or *20*) the **Validation Result** indicates a *warning due to a missing value*.

4.8.5 Substance Frequency of Use at Discharge

This field specifies the frequency of use of the corresponding substance identified in Substance Use (Primary, Secondary, Tertiary) at discharge to assess any changes and outcomes of a treatment.

Code	Value	Description/Note
<i>1</i>	<i>No Use In The Past Month</i>	
<i>2</i>	<i>1-3 Days In Past Month</i>	
<i>3</i>	<i>1-2 Days in Past Week</i>	
<i>4</i>	<i>3-6 Days in Past Week</i>	
<i>5</i>	<i>Daily</i>	
<i>96</i>	<i>Not Applicable</i>	
<i>97</i>	<i>Unknown</i>	Individual client value is unknown
<i>98</i>	<i>Not Collected</i>	Provider does not collect this information at all

Validation Rules for Primary SUD Frequency of Use at Discharge

- Field name: primary_su_frequency_discharge
- Field type: conditionally required
 - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
- Field format and length: a maximum of 2 numeric characters
- Acceptable value: *1 - 5* or *96 - 98*
 - If this field contains an invalid value (other than *1 - 5* or *96 - 98*), when a value is present, the **Validation Result** indicates a *critical error due to an invalid value*.

- Related field: [Primary Substance Use, Discharge Date](#)
 - If this field is *Null* while [Primary Substance Use](#) is *1 - 18*, or *20*) and [Discharge Date](#) is not *Null*, the [Validation Result](#) indicates a *critical error due to a missing value*.

Validation Rules for Secondary/Tertiary SUD Frequency of Use at Admission

- Field name: secondary_su_frequency, tertiary_su_frequency
- Field type: optional
 - Any errors associated with this field result in a *warning*.
- Field format and length: a maximum of 2 numeric characters
- Acceptable value: *1 - 5* or *96 - 98*
 - If this field contains an invalid value (other than *1 - 5* or *96 - 98*), when a value is present, the [Validation Result](#) indicates a *warning due to an invalid value*.
- Related field: [Secondary Substance Use, Tertiary Substance Use](#)
 - If [Secondary SUD Frequency of Use at Admission](#) is *Null* while [Secondary Substance Use](#) is *1 - 18*, or *20*, the [Validation Result](#) indicates a *warning due to a missing value*.
 - If [Tertiary SUD Frequency of Use at Admission](#) is *Null* while [Tertiary Substance Use](#) is *1 - 18*, or *20*, the [Validation Result](#) indicates a *warning due to a missing value*.

4.8.6 Substance Use Method/Route of Administration

This field identifies the usual route of administration of the corresponding substance identified in Substance Use (Primary, Secondary, Tertiary).

Code	Value	Description/Note
<i>1</i>	<i>Oral</i>	
<i>2</i>	<i>Smoking</i>	
<i>3</i>	<i>Inhalation</i>	
<i>4</i>	<i>Injection</i>	intravenous, intramuscular, intradermal, or subcutaneous
<i>20</i>	<i>Other</i>	
<i>96</i>	<i>Not applicable</i>	
<i>97</i>	<i>Unknown</i>	Individual client value is unknown
<i>98</i>	<i>Not collected</i>	Provider does not collect this information at all

Validation Rules for Primary SUD Route of Administration

- Field name: primary_su_route
- Field type: conditionally required
 - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
- Field format and length: a maximum of 2 numeric characters
- Acceptable value: *1 - 4*, *20* or *96 - 98*
 - If this field contains an invalid value (other than *1 - 4*, *20* or *96 - 98*), when a value is present, the [Validation Result](#) indicates a *critical error due to an invalid value*.
- Related field: [Primary Substance Use](#)
 - If this field is *Null* while [Primary Substance Use](#) is *1 - 18*, or *20*), the [Validation Result](#) indicates a *critical error due to a missing value*.

Validation Rules for Secondary/Tertiary SUD Route of Administration

- Field name: secondary_su_route, tertiary_su_route
- Field type: optional
 - Any errors associated with this field result in a *warning*.
- Field format and length: a maximum of 2 numeric characters
- Acceptable value: *1 - 4, 20* or *96 - 98*
 - If this field contains an invalid value (other than *1 - 4, 20* or *96 - 98*), when a value is present, the **Validation Result** indicates a *warning due to an invalid value*.
- Related field: **Secondary Substance Use, Tertiary Substance Use**
 - If **Secondary SUD Route of Administration** is *Null* while **Secondary Substance Use** is *1 - 18*, or *20*, the **Validation Result** indicates a *warning due to a missing value*.
 - If **Tertiary SUD Route of Administration** is *Null* while **Tertiary Substance Use** is *1 - 18*, or *20*, the **Validation Result** indicates a *warning due to a missing value*.

4.8.7 Substance Age at First Use (Primary, Secondary & Tertiary)

This field identifies the age at which the client first used the corresponding substance identified in Substance Use (Primary, Secondary, Tertiary). If the corresponding substance is alcohol, this field records the age at the first intoxication.

Code	Value	Description/Note
<i>0</i>	<i>Newborn with a substance dependency problem</i>	
<i>1-95</i>	<i>Age at first use, in years</i>	
<i>96</i>	<i>Not applicable</i>	
<i>97</i>	<i>Unknown</i>	Individual client value is unknown
<i>98</i>	<i>Not collected</i>	Provider does not collect this information at all

Validation Rules for Primary SUD Age at First use

- Field name: primary_su_age_at_first_use
- Field type: conditionally required
 - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
- Field format and length: a maximum of 2 numeric characters
- Acceptable value: *0 - 98*
 - If this field contains an invalid value (other than *0 - 98*), when a value is present, the **Validation Result** indicates a *critical error due to an invalid value*.
- Related field: **Primary Substance Use, Admission Date, Date of Birth**
 - If this field is *Null* while **Primary Substance Use** is *1 - 18*, or *20*, the **Validation Result** indicates a *critical error due to a missing value*.
 - If the value of this field is greater than the age at admission, calculated based on **Admission Date** and **Date of Birth**, the **Validation Result** indicates a *critical error due to a missing value*.

Validation Rules for Secondary/Tertiary SUD Age at First Use

- Field name: secondary_su_age_at_first_use, tertiary_su_age_at_first_use
- Field type: optional

- Any errors associated with this field result in a *warning*.
- Field format and length: a maximum of 2 numeric characters
- Acceptable value: *0 - 98*
 - If this field contains an invalid value (other than *0 - 98*), when a value is present, the *Validation Result* indicates a *critical error due to an invalid value*.
- Related field: *Primary Substance Use, Admission Date, Date of Birth*
 - If this field is *Null* while *Primary Substance Use* is *1 - 18*, or *20*, the *Validation Result* indicates a *critical error due to a missing value*.
 - If the value of this field is greater than the age at admission, calculated based on *Admission Date* and *Date of Birth*, the *Validation Result* indicates a *critical error due to a missing value*.
- Related field: *Secondary Substance Use, Tertiary Substance Use*
 - If *Secondary SUD Age at First Use* is *Null* while *Secondary Substance Use* is *1 - 18*, or *20*, the *Validation Result* indicates a *warning due to a missing value*.
 - If *Tertiary SUD Age at First Use* is *Null* while *Tertiary Substance Use* is *1 - 18*, or *20*, the *Validation Result* indicates a *warning due to a missing value*.

4.8.8 Medication-Assisted Opioid Therapy

This field identifies whether the use of opioid medications such as methadone, buprenorphine, and/or naltrexone is part of the client's treatment plan.

Code	Value	Description/Note
1	Yes	
2	No	
96	Not Applicable	
97	Unknown	Individual client value is unknown
98	Not collected	Provider does not collect this information at all

Validation Rules

- An SUD client record or an MH record with co-occurring SUD, where *Primary Substance Use* is identified (*1 - 18*, or *20*) is required to report this data.
- An MH record with no co-occurring SUD may skip this data field.
- The value of *Primary/Secondary/Tertiary Substance Use* suggests that the client has an opioid misuse identified, coded as *5 (Heroin)*, *6 (Non-prescription methadone)*, or *7 (Other opiates and synthetics)*, this field should have a valid value of *1 (Yes)*, *2 (No)* or *97 (Unknown)*.
- Mental health reporting: This field is optional. Reporting of this information on a mental health record is allowed only for clients with co-occurring mental health and substance use disorders.

Validation Rules

- Field name: opioid_therapy
- Field type: conditionally required
 - Any errors associated with this field result in a *critical error* and the record will fail to be processed as a valid record.
- Field format and length: a maximum of 2 numeric characters
- Acceptable value: *1 - 2* or *96 - 98*

- If this field contains an invalid value (other than *1 - 2* or *96 - 98*), when a value is present, the **Validation Result** indicates a *critical error due to an invalid value*.
- Related field: **Primary Substance Use**
 - If this field is *Null* while **Primary Substance Use** is *1 - 18*, or *20*), the **Validation Result** indicates a *critical error due to a missing value*.
 - If this field is *96 (No Applicable)* while **Primary Substance Use** is *1 - 18*, or *20*), the **Validation Result** indicates a *critical error due to a data inconsistency*.

5 Provider Gateway Instruction

5.1 Connecting to Provider Gateway

The Gateway publishes secure Internet resources that a provider may access to exchange BHSD information, including an API endpoint (for system-to-system BHSD submission) and a web portal (for manual upload of BHSD submission and review of all prior submitted data). Under the onboarding process, DBH and the provider exchanges technical contacts, network details and other information necessary to establish secure communication. Based on this information, DBH will configure networks; establish service accounts and credentials; and exchange keys with providers to enable connectivity to Gateway resources.

5.2 Encryption

A multi-level approach is used to protect sensitive data exchanged via the Gateway. Transport Level Security (TLS) will secure HTTPS endpoint connections at the application level. Additionally, public key encryption will enable DBH and providers to control when, by whom, and under what circumstances data is decrypted.

DBH and providers will exchange public keys as part of the onboarding process. Prior to each transmission, originators will encrypt the data content using the receiver's public key signed by the sender's private key.

5.3 BHSD Submission using API

The secure endpoint for API submission of BHSD will be available to providers intending to submit BHSD using API.

A provider's system must be authorized and credentialed in order to submit data to the Gateway endpoint. Once this process is complete, a provider's system may continue to submit BHSD as required unless or until the provider's system or network configuration (IP address) materially changes.

5.4 BHSD Submission by Uploading a CSV file

The web portal for manual submission of BHSD and review of submitted data and validation results exists at <https://provider-gateway-uat.dbh-ite.com/>

A provider representative must be authorized by the provider and given credentials by DBH in order to access this portal. The portal will only provide access to information submitted by the provider for which an individual is an authorized representative.

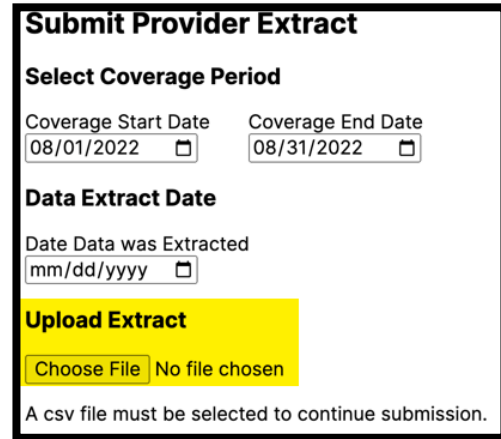
Once a representative has logged in to the Gateway, the user will see a form in which a prepared BHSD file can be submitted. A submission consists of one or more records relevant to a reporting period, and a submission should include all relevant records for that reporting period as defined in 3.3 BHSD Submission Universe.

5.4.1 Metadata Submission

The provider representative must complete the following fields:

- **Coverage Start Date (Reporting Period):** the start date of the reporting period to which this submission relates. This must be a date in the past.
- **Reporting Period End Date:** - the start date of the reporting period to which this submission relates. This must be a date in the past.
- **Date Extract Data:** - the date on which the extract data to be submitted was generated from the Provider's system of record.

Figure 4. Gateway: BHSD submission



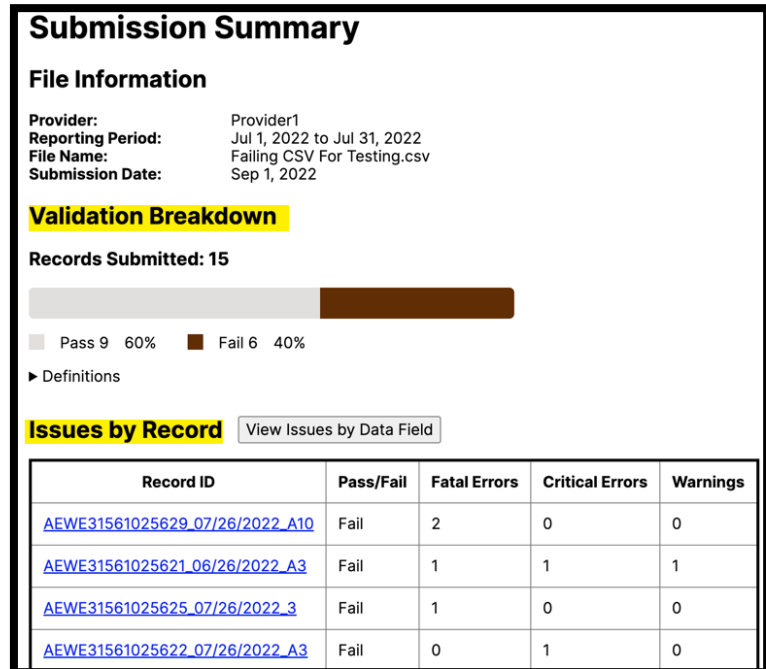
5.4.2 BHSD .csv Submission Template

The .csv file provided must follow the required data format provided in the BHSD Extract template.

Provider's should not make any changes to the structure of the template itself, including adding, removing or modifying columns, adding or modifying header rows, or changing the file format. Changes to the template will cause the entire submission to be rejected by the Provider Gateway.

Once a submission in the correct format has been uploaded it will automatically be processed and validated. The record of the submission will automatically be added to the top of the 'Previous Submissions' table, and the validation results will be available for review.

Figure 5. Gateway: Submission Summary



Record ID	Pass/Fail	Fatal Errors	Critical Errors	Warnings
AEWE31561025629_07/26/2022_A10	Fail	2	0	0
AEWE31561025621_06/26/2022_A3	Fail	1	1	1
AEWE31561025625_07/26/2022_3	Fail	1	0	0
AEWE31561025622_07/26/2022_A3	Fail	0	1	0

5.4.3 Errors and Warnings

In order to meet BHSD reporting requirements for DBH, each provider must provide a submission for each monthly reporting period that contains no failing records. A record will be marked failed if it includes one or more of the following errors:

- **Fatal error:** an error associated with a key field. A record with (a) fatal error(s) will fail to be processed as a valid record.
- **Critical error** - An error associated with a required field. A record with (a) critical error(s) will fail to be processed as a valid record.

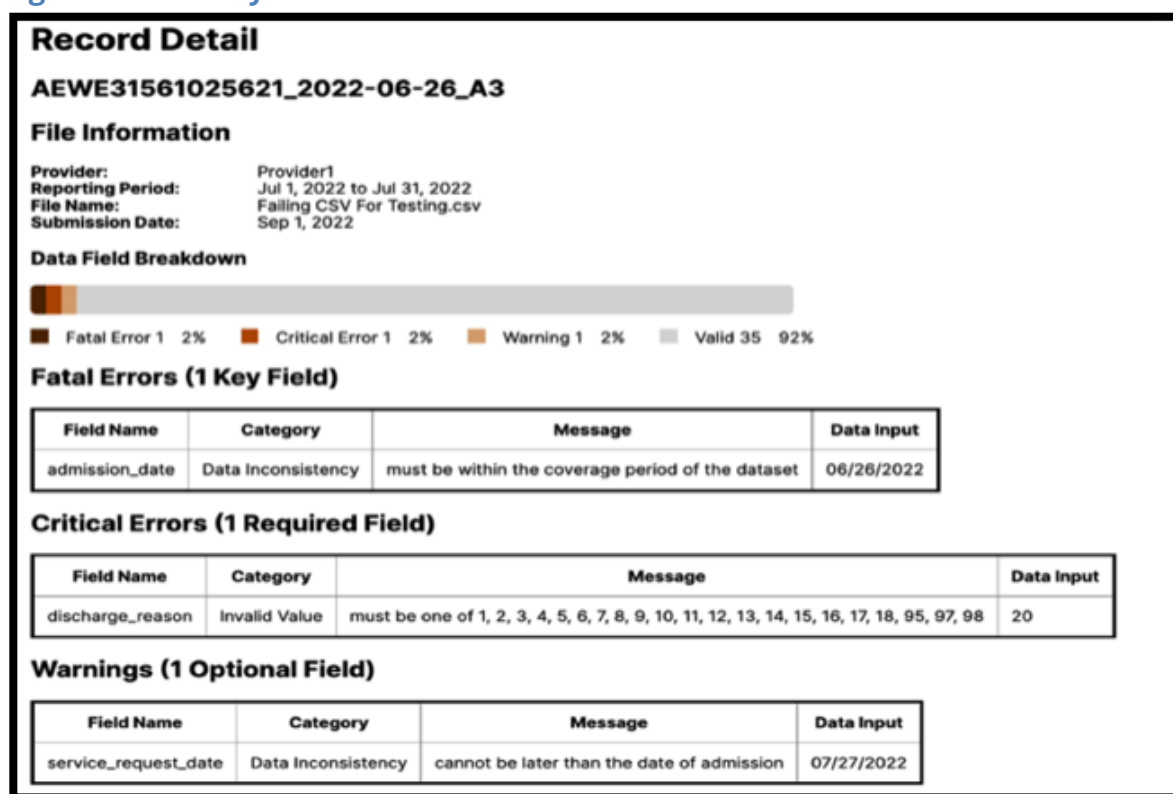
If a record does not trigger either a Fatal Error or Critical Error during processing, it will be considered Passing. Passing records may still trigger Warnings:

- **Warning** - An error associated with an optional field. A record with (a) warning(s) without any critical or fatal error will be processed as a valid record.

5.4.4 Reviewing and Addressing Errors and Warnings

Clicking on the Submission Id of any previously uploaded submission will show the Submission Summary page (shown in the image above). This will show the breakdown of all records in the submission, their Pass/Fail indicator, and the types of errors or warnings encountered (if any).

Figure 6. Gateway: Validation Result at Record-Level



Clicking on the Record ID of any record will show a detailed breakdown of errors and warnings encountered on that record, including the field that triggered the error and the category of error triggered (missing value, invalid value, data inconsistency, etc).